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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

WEEKLY BULLETIN

ELLIS D. SOX, M.D., DIRECTOR

JANUARY 2, 1968

THE MEDICAL CHECKUP

The concept of a regular health appraisal of a seemingly well person is not new in Public Health. It is estimated that over one-half of all visits to pediatricians are for health supervision. Obstetricians help insure healthier babies and mothers through the prenatal examinations. The San Francisco Department of Public Health conducts clinics for well babies and our medical and nursing personnel provide school medical examinations of students in both public and parochial schools.

In San Francisco there is an increasing need for early discovery of illnesses associated with the middle-aged and older. The effects of chronic diseases such as cancer, diabetes, and those of the heart and blood vessels, for example, can be lessened by diagnosis and treatment during the early stages. Yet many people disregard little danger signals, and seek medical attention only after symptoms are so severe they cannot be ignored. To some, the fear that an examination may reveal a serious illness acts as a deterrent. A more rational and positive point of view accepts the doctor as a health counselor, and the value of knowing, one way or the other, one's own health status. If the doctor's health appraisal reveals no sign of trouble, - this is encouraging. If hidden trouble is discovered, it gives the physician the opportunity to act promptly for the patient's health and perhaps avoids unnecessary suffering or long expensive treatment. Further, the health checkup affords an opportunity for the doctor to help the person gain a better understanding of his health needs, both mental and physical, and improve his personal health practices.

It might be well for all of us to establish a pattern of getting an annual physical examination during the month of our birthday, which would serve as a reminder. The family doctor is the logical person to conduct this annual examination. We should look on him as an ally in our efforts to enjoy healthy lives.

STATISTICAL REPORT FOR THE 52nd WEEK ENDING DECEMBER 29, 1967

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
CHICKENPOX	2	17	3	413	765
DIPHTHERIA	0	0	0	0	1
GERMAN MEASLES	3	25	0	307	240
GONORRHEA	226	167	66	10,699	7420
HEPATITIS, INF.	11	5	0	552	204
INFLUENZA	0	3	0	34	76
MEASLES	0	6	0	496	460
MENINGOCOCCAL INF.	1	2	0	11	29

CASES REPORTED:	FOR THE WEEK	1962-66 RANGE HIGH	1962-66 RANGE LOW	TO DATE 1967	TO DATE 1966
MENINGITIS, OTHER	1	2	0	40	28
MUMPS	3	12	5	1042	562
PERTUSSIS	0	2	0	20	27
SALMONELLOSIS	1	3	1	119	118
SHIGELLOSIS	2	3	1	69	71
STREP. INFECTION	0	3	1	119	150
SYPHILIS	11	22	19	1107	1075
TUBERCULOSIS	9	26	4	385	419

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1967	1966
BACTEREMIA	1	DEATHS RECORDED FOR THE WEEK	162	218
PNEUMONIA	4	BIRTHS RECORDED FOR THE WEEK	213	288

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WEEKLY BULLETIN

City and County of San Francisco
Department of Public Health

ELLIS D. SOX, M.D., DIRECTOR

JANUARY 8, 1968

CHANGES IN BIRTH AND DEATH CERTIFICATES

Present economic and social conditions have increased the frequency with which individuals must use a birth certificate to prove the date and place of birth and a death certificate to prove a death. The information contained in these certificates also serves to provide authentic records for life insurance, data for social security claims and many other legal purposes; to supply public health agencies and the medical profession with essential facts pertinent to births and deaths, and to furnish statistical data for population estimates and studies.

On January 1, 1968, revised birth and death certificates went into effect. Three items have been deleted from death certificates, viz., war service, occupation of spouse and date of operation. Additional items now required are: Physician's California license number, whether or not the coroner was notified of the death, operation or biopsy, and whether laboratory tests were made for drugs, toxic chemicals and alcohol. Additions in the birth certificate form include: Physician's license number, date of last live birth, and date of last fetal death.

The procedure for registering requires that births and deaths occurring in San Francisco be recorded with the local registrar, who, in San Francisco, is the Director of Public Health. The Birth and Death Registry of the San Francisco Department of Public Health is located in the Central Health Building, 101 Grove Street, and it is here that these local records are kept and where certified copies can be obtained. The original certificates are permanently filed in Sacramento by the State Registrar. Information regarding use of the revised certificates may be obtained by phoning 558-3251 or 558-3391.

STATISTICAL REPORT FOR THE 1st WEEK ENDING JANUARY 5, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967	CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	2	22	3	2	7	MENINGITIS, OTHER	1	1	0	1	1
DIPHTHERIA	0	0	0	0	0	MUMPS	1	17	4	1	11
GERMAN MEASLES	2	3	0	2	3	PERTUSSIS	0	0	0	0	0
GONORRHEA	186	162	53	186	162	SALMONELLOSIS	3	3	0	3	0
HEPATITIS, INF.	10	6	1	10	6	SHIGELLOSIS	1	2	0	1	0
INFLUENZA	0	1	0	0	1	STREP. INFECTION	1	9	1	1	1
MEASLES	0	13	0	0	2	SYPHILIS	9	25	13	9	13
MENINGOCOCCAL INF.	0	3	0	0	2	TUBERCULOSIS	6	13	3	6	3

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	5
VIRAL HEPATITIS	1
STREP. PHARYNGITIS	1
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	179	176
BIRTHS RECORDED FOR THE WEEK	239	215

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City and County of San Francisco
Department of Public Health

ELLIS D. SOX, M.D., DIRECTOR

JANUARY 15, 1968

THE HEALTH CONSEQUENCES OF SMOKING

A U. S. Public Health Service report summarizing three and one-half years of research into the health consequences of smoking was issued recently by the Department of Health, Education and Welfare. The extent of the association between cigarette smoking and early deaths and "excess" disability is suggested in the following statements from the new report:

1. Of men between the ages of 35 and 60, approximately one third of all deaths are "excess" deaths in the sense they would not have occurred as early as they did if cigarette smokers had the same death rates as nonsmokers.
2. Cigarette smoking is now the most important cause of chronic broncho-pulmonary diseases and greatly increases the risk of dying from these diseases.
3. Men who smoke cigarettes have a death rate from coronary heart disease 70 per cent higher than that of nonsmokers. This increases to 200 per cent and even higher in the presence of other known "risk factors" such as high blood pressure and high serum cholesterol.
4. Seventy-seven million days of work are lost each year in the United States which would not have been lost if cigarette smokers had the same rates of illness as nonsmokers.
5. A relationship between cigarette smoking and death rates from peptic ulcer has been confirmed, and data now suggests that a similar relationship exists between cigarette smoking and morbidity from this cause.
6. Cessation or appreciable reduction of cigarette smoking could delay or avert a substantial portion of deaths which occur from lung cancer, a substantial portion of the earlier deaths and excess disability from chronic bronchopulmonary diseases, and a portion of the earlier deaths and excess disability of cardiovascular origin.

NOTE: See "THE NATIONAL SMOKING TEST", Tuesday, January 16, 10-11 P.M., KPIX, Channel 5.

STATISTICAL REPORT FOR THE 2nd WEEK ENDING JANUARY 12, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	13	40	5	15	12
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	1	12	0	3	3
GONORRHEA	268	135	52	453	288
HEPATITIS, INF.	12	5	1	22	10
INFLUENZA	0	2	0	0	1
MEASLES	0	10	4	0	6
MENINGOCOCCAL INF.	0	1	0	0	2

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	1	2	0	2	2
MUMPS	42	44	1	43	45
PERTUSSIS	0	1	0	0	0
SALMONELLOSIS	2	6	0	5	2
SHIGELLOSIS	1	5	0	2	0
STREP. INFECTION	3	10	2	4	5
SYPHILIS	15	25	6	24	38
TUBERCULOSIS	3	12	2	9	13

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 8

	1968	1967
DEATHS RECORDED FOR THE WEEK	238	202
BIRTHS RECORDED FOR THE WEEK	270	337

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City and County of San Francisco
Department of Public Health

ELLIS D. SOX, M.D., DIRECTOR

JANUARY 22, 1968

CARBON MONOXIDE POISONING

By far the most important agent in home accident gas poisoning is carbon monoxide. It is also one of the most dangerous poisons because 1) it gives no warning of its presence, since it can be neither seen nor smelled; 2) it combines with the body's red blood cells 200 times as easily as oxygen, which it displaces; 3) it can be and often is fatal. Exposure to even mild doses of this insidious gas may produce symptoms of temporary dizziness, faintness and nausea. Long exposure brings about shortness of breath, unconsciousness and death. The latter symptoms may come on so gradually that they are not noticed until one is too overcome to help himself.

The presence of carbon monoxide in the home is usually due to leakage from one of the following sources: improperly adjusted gas burners; gaspipes; rubber hose connections between gas fixtures; room or water heaters without proper exhaust outlets; inadequately vented furnaces; an automobile left running in a closed garage. Even a slight leakage from any of these sources can poison people in their home.

It takes a combination of two causes to bring about carbon monoxide poisoning, viz. 1) Improper burning of fuel; 2) Insufficient ventilation. When one of these causes occurs without the other, the effects may not be serious. But, when both occur at the same time, death can result, sometimes very quickly. The following simple precautions will prevent most of the dangers:

1) Make sure that all furnaces, stoves and heaters are properly vented to the outside.
2) Use only rigid metal piping for heaters, dryers and other gas-burning equipment.
3) Have all fuel-burning equipment checked annually for proper adjustment and repair.
4) Provide a source of ventilation whenever a furnace, heater or gas appliance is in use.
5) If a gas appliance is not working properly, shut it off immediately, and call in a gas appliance expert.

STATISTICAL REPORT FOR THE 3rd WEEK ENDING JANUARY 19, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	5	76	3	20	19
DIPHTHERIA	0	1	0	0	0
GERMAN MEASLES	5	7	0	8	6
GONORRHEA	254	207	95	707	495
HEPATITIS, INF.	12	5	0	34	13
INFLUENZA	1	3	0	1	1
MEASLES	1	12	4	1	12
MENINGOCOCCAL INF.	0	1	0	0	2

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	1	0	2	2
MUMPS	6	59	11	49	78
PERTUSSIS	0	3	0	0	3
SALMONELLOSIS	0	4	2	5	5
STREP. INFECTION	3	12	4	32	14
SYPHILIS	8	27	16	32	65
TUBERCULOSIS	6	14	3	15	27
SHIGELLOSIS	0	3	0	2	0

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
INFLUENZA	1
PNEUMONIA	4

	1968	1967
DEATHS REPORTED FOR THE WEEK	202	173
BIRTHS REPORTED FOR THE WEEK	292	325

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WEEKLY BULLETIN
City and County of San Francisco
Department of Public Health

ELLIS D. SOX, M.D., DIRECTOR

JANUARY 29, 1968

"GROW UP SMILING"

This phrase has been designated as the slogan for the 1968 National Children's Dental Health Week which begins Sunday, February 4. Sponsored by the dental profession, the purpose of the program is to impress on the nation's youth and their parents the importance of good dental health. At least 95% of the American public is afflicted with some kind of dental decay or disorder. It has been estimated that Americans have approximately 700 million untreated cavities - an average of nearly four per person. The solution to this widespread disease lies in prevention - through dental health education and preventive practices. The four preventive measures which should be taken are: (1) Use of drinking water containing the proper amount of fluorides (2) Eating a well-balanced diet, low in sweets (3) Proper toothbrushing right after eating (4) Regular visits to the dentist.

(1) The most important step a community can take is the fluoridation of the water supply to make children's teeth more resistant to decay. San Francisco children have been benefiting from this completely safe, preventive measure since 1952. As effective as fluoridation is, it does not prevent all tooth decay. It is still necessary for children to be taught the basic rules of good dental health.

(2) A well balanced diet builds strong teeth. A reduction in the consumption of sweets, especially between meals, will lessen dental decay.

(3) The toothbrush should be correctly used immediately after eating. This removes much of the sugar before it is turned into acids which lead to decay. Brushing down on the upper teeth and brushing up on the lower teeth is the recommended technique. When brushing is not possible, the mouth should be rinsed with water.

(4) A child should make his first visit to the dentist normally between two and three years of age. Continued periodic visits will reveal decay and other diseases when they can be treated before serious complications develop.

Parents should remember that setting a good example is an effective way to teach good health rules.

STATISTICAL REPORT FOR THE 4th WEEK ENDING JANUARY 26, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	4	30	9	24	28
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	6	8	3	14	10
GONORRHEA	261	194	83	968	689
HEPATITIS, INF.	13	10	1	47	23
INFLUENZA	0	0	0	1	1
MEASLES	9	15	11	10	24
MENINGOCOCCAL INF.	0	1	0	0	3

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	1	3	0	3	3
MUMPS	11	28	9	60	103
PERTUSSIS	0	1	0	0	[illegible]
SALMONELLOSIS	0	3	1	5	8
SHIGELLOSIS	0	3	0	2	[illegible]
STREP. INFECTION	3	8	4	10	20
SYPHILIS	28	24	15	60	87
TUBERCULOSIS	7	20	3	22	37

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

MENINGITIS, HEMOPHILUS	1
PNEUMONIA	8
TUBERCULOSIS	2

	1968	1967
DEATHS RECORDED FOR THE WEEK	211	240
BIRTHS RECORDED FOR THE WEEK	243	396

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City and County of San Francisco
Department of Public Health

ELLIS D. SOX, M.D., DIRECTOR

FEBRUARY 5, 1968

1967 PROVISIONAL ESTIMATES OF RECORDED BIRTHS AND DEATHS IN SAN FRANCISCO

	BY OCCURRENCE	
	1967 Provisional	1966 Final
Live Births	15,500	15,623
Deaths	9,600	9,996
Deaths Under 1 Year	340	364
Neonatal Deaths (under 1 month)	250	269
Maternal Deaths	3	7
Fetal Deaths	200	221
SOME IMPORTANT CAUSES OF DEATH BY OCCURRENCE		
Heart Disease	3,290	3,461
Cancer	2,110	2,101
Vascular Lesions of C.N.S.	860	862
Cirrhosis of the Liver	600	606
Accidents	415	426
Suicides	230	260
Influenza and Pneumonia	210	278
Diseases of Early Infancy	210	223
Diabetes	140	112
Aortic Aneurysms	130	106
Emphysema	130	191
Arteriosclerosis	125	131
Congenital Malformations	120	123
Other Circulatory Diseases	100	106
Ulcers of Stomach and Duodenum	80	91
Homicides	75	64

The tables show the preliminary estimates of births and deaths and some important causes of death as they occurred in San Francisco in 1967 as compared with final figures for 1966. The number of births will be a little fewer than in 1966, continuing the downward trend since the all-time high of 20,804 in 1961. This represents a decrease of approximately 25%, when 1967 is compared with 1961. The five leading causes of death were the same as in previous years (and in the same order) and accounted for three-fourths of the deaths. There were no major outbreaks of influenza or pneumonia, so that these diseases dropped to seventh place in 1967, from sixth place in 1966.

STATISTICAL REPORT FOR THE 5th WEEK ENDING FEBRUARY 2, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	26	29	2	50	32
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	5	22	2	19	15
GONORRHEA	151	149	101	1119	827
HEPATITIS, INF.	9	8	1	56	31
INFLUENZA	1	0	0	2	1
MEASLES	4	48	2	14	35
MENINGOCOCCAL INF.	1	0	0	1	3

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	4	1	0	7	4
MUMPS	11	89	10	71	117
PERTUSSIS	0	1	0	0	3
SALMONELLOSIS	1	3	0	6	8
SHIGELLOSIS	0	3	0	2	2
STREP. INFECTION	4	10	1	14	24
SYPHILIS	23	27	16	83	103
TUBERCULOSIS	5	11	4	27	42

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

BOECK'S SARCOID	1
PNEUMONIA	3

	1968	1967
DEATHS RECORDED FOR THE WEEK	182	223
BIRTHS RECORDED FOR THE WEEK	332	255

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WEEKLY BULLETIN
City and County of San Francisco
Department of Public Health

ELLIS D. SOX, M.D., DIRECTOR

FEBRUARY 13, 1968

FEBRUARY IS HEART MONTH

Diseases of the heart and blood vessels continue to be responsible for twice as many deaths as cancer, ten times as many as accidents, or pneumonia, twenty times as many as suicide and almost a hundred times as many as tuberculosis. Most of these fatalities occur in the 45 to 64 age group.

Along with the great advances in heart surgery, phenomenal strides are being made in knowledge and treatment of heart diseases in its various forms. Today a great deal can be done to reduce the risk of acquiring a cardiovascular disease and to keep it under control if it develops. Thousands of people who receive proper medical care now survive heart and blood vessel disorders that were considered hopeless twenty years ago. This is the encouraging picture today:

1. Most people who have heart attacks recover and can go back to work.
2. High blood pressure can usually be controlled.
3. Invalidism from "strokes" can often be reduced or prevented.
4. Heart defects can often be repaired.
5. Many patients with circulatory disorders can be helped by medical or surgical treatment.

The best insurance against heart disease is to practice moderation in daily living, maintain normal weight and have a periodic physical examination. Heart disease does not always make itself known. In some there are no symptoms, while in others, symptoms commonly accepted as indicating "heart trouble" may mean something else, or nothing at all. A physician is the best judge, and a thorough examination will enable him to evaluate the condition. If something is wrong, the earlier it is detected, the better.

STATISTICAL REPORT FOR THE 6th WEEK ENDING FEBRUARY 9, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	4	78	4	54	36
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	2	7	2	21	17
GONORRHEA	242	141	74	1361	964
HEPATITIS, INF.	17	5	1	73	36
INFLUENZA	1	1	0	3	1
MEASLES	0	25	5	14	43
MENINGOCOCCAL INF.	0	2	0	1	5

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	1	0	7	5
MUMPS	5	48	19	76	136
PERTUSSIS	0	2	0	0	4
SALMONELLOSIS	2	3	0	8	8
SHIGELLOSIS	1	1	0	3	2
STREP. INFECTION	2	15	3	16	31
SYPHILIS	18	33	15	101	136
TUBERCULOSIS	9	9	2	36	44

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

HEPATITIS, ACUTE VIRAL	1
PNEUMONIA	5
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	209	193
BIRTHS RECORDED FOR THE WEEK	341	272

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WEEKLY BULLETIN
City and County of San Francisco
Department of Public Health

ELLIS D. SOX, M.D., DIRECTOR

FEBRUARY 19, 1968

HOME FIRE SAFETY

A parent would be horrified to discover his child's school did not hold fire drills. But a child is 200 times more likely to be trapped in a fire at home than at school. Yet most children could walk swiftly away from death if given the most elementary fire instruction. The following are some fire drills a parent can set up at home:

1. Map out, with the children helping, two separate escape routes from each room - a main route and in case that is blocked, an alternate. Main exits usually are doors and stairways. Alternates usually are windows.

2. A portable ladder provides an excellent escape from upper windows. These range from an inexpensive rope ladder to those of light weight aluminum. A sturdy trellis outside a window may be ladder enough for an agile child.

3. The most important lifesaving command to impress your children is: "Escape immediately!" Don't let them try to put out the fire or pause to gather up possessions. Minutes, even seconds, are crucial. Fires can spread unbelievably fast. And set a specific place outside to gather promptly.

4. If the window is jammed or frozen shut during a fire, children may not think of the obvious: - break the window. Show them how to smash the pane with a loose shoe, and then run the shoe around the inside of the frame to clean off jagged edges before climbing out.

5. Impress upon the children the deadliness of smoke. The majority of fire victims are asphyxiated by smoke long before the flames touch them. Warn the children against braving a smoke-filled hall, or flinging open a door and letting the smoke pour in. Wet handkerchiefs over the mouth do not filter out poisonous gases in smoke.

Once you plan your family fire drill, make a note on the kitchen calendar to repeat the drill at regular intervals. Some households feel once a month isn't too often.

Adults also die in home fires, and these same basic rules apply to all ages and both sexes. Practice drills will help much to reduce the natural panic that grips most people when they suddenly realize that their home is on fire.

STATISTICAL REPORT FOR THE 7th WEEK ENDING FEBRUARY 16, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967	CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	5	46	5	59	44	MENINGITIS, OTHER	1	2	0	8	5
DIPHTHERIA	0	0	0	0	0	MUMPS	8	38	8	84	160
GERMAN MEASLES	1	15	2	22	24	PERTUSSIS	0	3	0	0	4
GONORRHEA	235	218	97	1596	1182	SALMONELLOSIS	2	1	0	10	9
HEPATITIS, INF.	11	6	1	84	37	SHIGELLOSIS	0	2	0	3	3
INFLUENZA	0	2	0	3	1	STREP. INFECTION	2	9	0	18	33
MEASLES	1	17	3	15	49	SYPHILIS	27	26	13	128	156
MENINGOCOCCAL INF.	0	2	0	1	5	TUBERCULOSIS	13	13	8	49	57

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	4
POST POLIO	1
SYPHILIS	1
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	197	188
BIRTHS RECORDED FOR THE WEEK	277	266

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WEEKLY BULLETIN
City and County of San Francisco
Department of Public Health

ELLIS D. SOX, M.D., DIRECTOR

FEBRUARY 26, 1968

WATER AND AIR SANITATION

The primary functions of the Health Department's Bureau of Environmental Health are designed to prevent the development of insanitary conditions and to promote a physical environment which will have a positive effect on the health of every San Franciscan. In addition to food inspection, routine activities of this Bureau include the inspection of the drinking water supply, both public and private, bottled waters, ice, swimming pools and bathing beaches. Because San Francisco distributes water to interstate carriers, daily reports of bacteriological findings of our municipal water supply are given to the U.S. Public Health Service and to the California State Department of Public Health. Water samples are obtained at several designated inlets and outlets within the city and on transmission lines outside the city limits at frequent intervals. When bacteriological examination indicates even a slight degree of contamination at any point throughout the system, immediate investigation is made and its cause is eliminated.

Air pollution control includes elimination of point-source pollution and research. Samples of air pollutants are obtained at three strategically located stations within the city and daily analysis made to determine the degree of pollution. Under the supervision of the U.S. Public Health Service, San Francisco is one of the 28 cities in the country engaged in air pollution research to determine the effects, if any, atmospheric pollutants may have as the cause or aggravation of respiratory diseases. This is accomplished by constant surveillance of the atmosphere 24 hours per day by three units at 101 Grove Street. The specimens obtained are forwarded to the National Air Sampling Network, Cincinnati, Ohio.

Sewage treatment and disposal is not a function of the Health Department. But we are required by State Law to examine waters of bathing beaches and recreational areas to determine any degree of contamination from treatment plants and raw sewage. The State law established certain standards which must be met. In the event of pollution beyond the maximum standard for a continuous period, it is incumbent on the Director of Public Health to prohibit swimming and water contact sports within the affected areas.

STATISTICAL REPORT FOR THE 8th WEEK ENDING FEBRUARY 23, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	14	67	7	73	57
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	1	23	1	23	28
GONORRHEA	166	165	62	1762	1347
HEPATITIS, INF.	13	5	0	96	42
INFLUENZA	0	33	0	3	1
MEASLES	0	37	6	15	60
MENINGOCOCCAL INF.	0	1	0	1	6

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	1	0	8	5
MUMPS	28	107	4	112	199
PERTUSSIS	0	2	0	0	4
SALMONELLOSIS	0	3	0	10	10
SHIGELLOSIS	0	2	0	3	3
STREP. INFECTION	1	6	1	19	35
SYPHILIS	17	26	16	145	180
TUBERCULOSIS	3	11	6	52	64

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	6

	1968	1967
DEATHS RECORDED FOR THE WEEK	174	213
BIRTHS RECORDED FOR THE WEEK	181	313

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WEEKLY BULLETIN
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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 4, 1968

SAN FRANCISCO EMERGENCY HOSPITALS DISPOSITION OF CASES, 1967

Emergency Hospital	Total	Discharged to Home	Transferred to S.F.Gen. Hospital	Transferred to Other Hospitals	Deceased
Central	18,706	15,714	1,521	1,362	109
Harbor	8,770	7,310	574	817	69
Mission	65,383	50,853	13,560	852	118
Alemany	14,429	13,094	326	975	34
Park	14,903	12,970	729	1,153	51
TOTAL	122,191	99,941	16,710	5,159	381

The purpose of the Emergency Hospital Service is to provide emergency medical, surgical and ambulance care, thus making San Francisco a better and a safer city in which to live. The service is, in effect, the liaison between the emergency and such time as the patient is put into permanent care. The emergency hospitals provide care on a twenty four hour basis, 365 days of the year, and treat over 100,000 cases annually. Last year there were 113,824 hospital admissions, and 37,319 ambulance runs. The disposition of these cases is shown in the above table. "Mission Emergency Hospital" is the Emergency and Admitting Service of the San Francisco General Hospital; it should be noted that one-fifth of the patients seen were admitted to San Francisco General Hospital and four-fifths were discharged to home or private care.

STATISTICAL REPORT FOR THE 9th WEEK ENDING MARCH 1, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	11	63	7	84	74
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	6	13	1	29	37
GONORRHEA	236	148	73	1998	1495
HEPATITIS, INF.	24	3	0	121	45
INFLUENZA	0	27	0	3	1
MEASLES	3	34	3	18	83
MENINGOCOCCAL INF.	0	5	0	1	6

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	1	0	8	6
MUMPS	18	44	6	130	243
PERTUSSIS	0	3	0	0	4
SALMONELLOSIS	1	2	0	11	11
SHIGELLOSIS	0	2	0	3	3
STREP. INFECTION	2	8	3	21	42
SYPHILIS	17	22	4	162	198
TUBERCULOSIS	7	17	3	59	67

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 9

	1968	1967
DEATHS RECORDED FOR THE WEEK	224	200
BIRTHS RECORDED FOR THE WEEK	260	358

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WEEKLY BULLETIN
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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MARCH 11, 1968

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OVERWEIGHT

There is no mystery about being overweight. It is a simple response to how much food is eaten. Most of our food is used to provide sufficient energy and heat. If we take more calories in food and drink than we put out in energy, what is not used is stored as fat. If the calories taken are fewer than those expended, we draw on the supply of stored fat and lose weight.

The energy out-put varies from day to day, depending on the amount and the kind of work we do and on the surrounding temperature. The amount of food we need therefore varies. The balance between intake and output is automatically regulated by what is called the appetite. Many factors can contribute to ignoring our appetite and developing damaging food habits. Some people have over-eaten since childhood in response to the coaxing of solicitous mothers who urged food upon them. Others may blunt their appetite with alcohol. And still others for emotional reasons ignore their appetite when it tells them that they have had enough. When overweight ensues, as it inevitably will, the only practical way to cope with it is to retrain our eating habits through a day-to-day pattern of eating no more than the right amount of a normal mixture of foods.

The all-or-nothing character of most fat diets does little lasting good and may do harm. This goes for the diet that is all liquid, the one which is limited to pineapple and lamb chops, to bananas and skim milk, the low protein diet, the high protein diet, or the low carbohydrate or so-called "drinking man's diet."

The proper diet for anyone who wishes to attain normal weight is a mixed diet of the proper caloric value to attain that weight. It is equally important that the diet be adhered to until the habit of the diet is firmly and finally imbedded. The doctor can prescribe the proper diet, but only the patient can make it work.

STATISTICAL REPORT FOR THE 10th WEEK ENDING MARCH 8, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	8	35	15	92	103
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	3	43	3	32	45
GONORRHEA	178	176	78	2176	1671
HEPATITIS, INF.	16	5	1	137	50
INFLUENZA	0	11	0	3	1
MEASLES	2	59	11	20	112
MENINGOCOCCAL INF.	0	1	0	1	7

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	1	0	8	7
MUMPS	11	38	16	141	281
PERTUSSIS	0	2	0	0	4
SALMONELLOSIS	3	3	1	14	12
SHIGELLOSIS	1	3	0	4	6
STREP. INFECTION	2	10	2	23	45
SYPHILIS	19	23	13	181	211
TUBERCULOSIS	12	15	9	71	79

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	2
SEPTICEMIA (E COLI)	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	184	221
BIRTHS RECORDED FOR THE WEEK	400	301

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ELLIS D. SOX, M.D., DIRECTOR — MARCH 18, 1968

POISON PREVENTION WEEK MARCH 17 to 23

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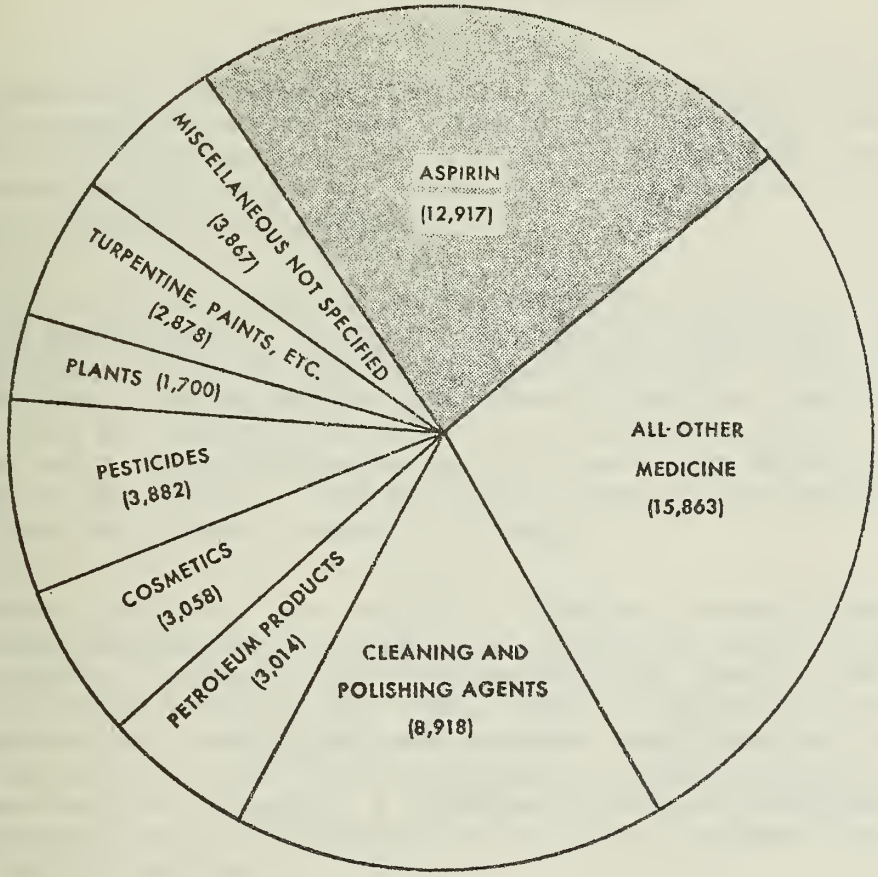

ccidental ingestions during 1 year among children under 5 years of age re-
orted by Poison Control Centers in the United States, by type of substance.

STATISTICAL REPORT FOR THE 11TH WEEK ENDING MARCH 15, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	20	51	1	112	104
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	4	25	4	36	55
GONORRHEA	211	214	88	2387	1885
HEPATITIS, INF.	15	6	2	152	54
INFLUENZA	0	1	0	3	1
MEASLES	1	34	2	21	129
MENINGOCOCCAL INF.	0	2	0	1	7

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	1	0	8	8
MUMPS	15	73	10	156	348
PERTUSSIS	0	1	0	0	4
SALMONELLOSIS	0	1	0	14	12
SHIGELLOSIS	0	2	0	4	7
STREP. INFECTION	6	10	1	29	51
SYPHILIS	9	39	15	189	238
TUBERCULOSIS	10	13	5	81	91

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4

	1968	1967
DEATHS RECORDED FOR THE WEEK	176	197
BIRTHS RECORDED FOR THE WEEK	352	315

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DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MARCH 25, 1968

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ATHLETE'S FOOT

This painful, itchy disorder gets its popular name from the fact that many cases occur among those who frequent swimming pools, gymnasiums and shower rooms. But it can also be picked up from the floor or tub of the bath room at home if someone in the house has the infection. It is not a serious condition though at times it can cause discomfort and disability.

The infection is believed to be caused by a fungus similar to those causing the mold on stale bread. The spores or seeds of this fungus thrive in moist areas of the skin and may be dormant for months or years. The condition is not confined to the feet, but may appear in any area of the body that is susceptible to moistness, such as the groin, armpits, the scalp and hands. The top dead skin cells together with the moistness natural to these areas create a field conducive to the growth of the fungus. Thus the medical term for the infection, dermatophytosis, means any skin disease caused by a fungus.

To prevent athlete's foot, careful attention should be paid to the areas between the toes, particularly in bathing and drying the feet. In washing, the toes should be separated, cleaned and dried thoroughly, but gently. The same procedure should be followed when drying the feet. This is important in all seasons of the year, but particularly during the summer months when humid and excessive heat cause the body to perspire more. Once the condition of dry scaliness of the skin, or cracks between the toes is noted, a physician should be consulted, because the condition can be transferred from one part of the body to another, and from one member of the family to another.

STATISTICAL REPORT FOR THE 12th WEEK ENDING MARCH 22, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	10	39	9	122	113
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	0	28	4	36	81
GONORRHEA	233	245	75	2620	2130
HEPATITIS, INF.	9	5	0	161	59
INFLUENZA	0	1	0	3	1
MEASLES	13	36	8	34	165
MENINGOCOCCAL INF.	0	1	0	1	7

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	0	0	8	8
MUMPS	5	85	17	161	388
PERTUSSIS	0	1	0	0	4
SALMONELLOSIS	0	3	0	14	15
SHIGELLOSIS	0	2	0	4	7
STREP. INFECTION	0	16	2	29	53
SYPHILIS	8	29	22	197	251
TUBERCULOSIS	13	15	4	94	97

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
TUBERCULOSIS	2

	1968	1967
DEATHS RECORDED FOR THE WEEK	184	203
BIRTHS RECORDED FOR THE WEEK	325	287

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VENEREAL DISEASES IN SAN FRANCISCO

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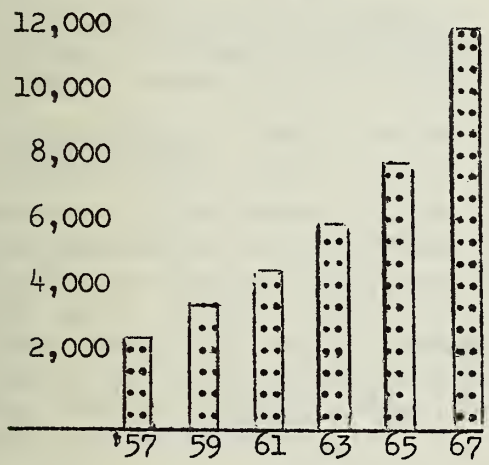
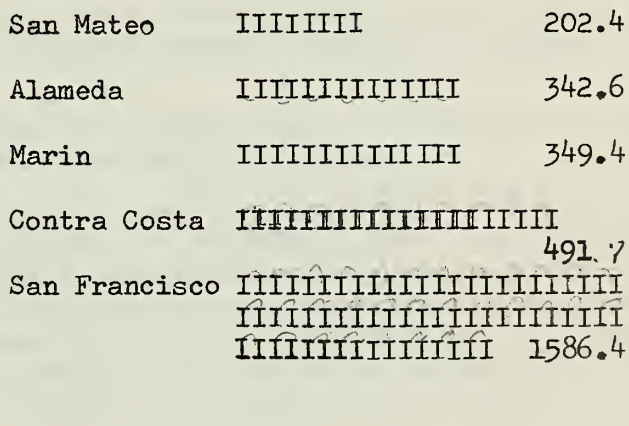
There were five times more reported cases of venereal diseases in 1967 than there were in 1957. As indicated in a recent Weekly Bulletin, there were a total of 11,806 reported cases in 1967, three times the total of all other reported communicable diseases. This represented 10,699 new cases of gonorrhea and 1,107 new cases of syphilis. Although the highest rate of VD was in the 20-24 year old age group, one is impressed with the high rate of 3536.4 cases per 100,000 population in the 15-19 year old group. Or, for every 29 persons in this latter group, one had a venereal disease. It should be remembered that these figures are based on reported cases, which probably represent only 25% of VD in the community. Graph A demonstrates the increasing VD problem in San Francisco since 1957.

Graph A



Reported VD in San Francisco
1957 - 1967

Graph B



1967 VD rates per 100,000 population
in selected Bay Area Counties

The 1967 venereal diseases rate in San Francisco as compared to other Bay Area counties is presented in Graph B.

STATISTICAL REPORT FOR THE 13th WEEK ENDING MARCH 29, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	8	30	13	130	131
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	4	41	6	40	91
GONORRHEA	245	174	64	2865	2304
HEPATITIS, INF.	10	7	2	171	66
INFLUENZA	0	3	0	3	1
MEASLES	1	55	17	35	190
MENINGOCOCCAL INF.	1	1	0	2	7

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	2	1	0	10	8
MUMPS	1	61	9	162	397
PERTUSSIS	1	4	0	1	4
SALMONELLOSIS	2	7	0	16	15
SHIGELLOSIS	3	1	0	7	7
STREP. INFECTION	3	23	0	32	53
SYPHILIS	21	23	12	218	282
TUBERCULOSIS	5	16	3	98	100

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

ENCEPHALITIS	1
PNEUMONIA	7
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	177	183
BIRTHS RECORDED FOR THE WEEK	245	333

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR APRIL 8, 1968

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GOOD NUTRITION

Governor Ronald Reagan has declared the week of April 7 - 13 as Good Nutrition Week. Public Health Nutritionists are more concerned with what foods people purchase rather than how much money they spend on food. Our primary concern is to see that everyone is supplied each day with the right amount of the necessary proteins, fats, carbohydrates, minerals and vitamins. Without these basic nutrients, the body will lack the energy for its growth, repair and daily activities, and extended deficiencies can result in specific diseases. The food we need daily to supply these essentials are:

Bread and cereal group: Four or more servings of whole grain or enriched bread or cereal; one slice of bread; three-fourths cup of cooked cereal or one ounce of ready-to-eat cereal, is a serving.

Meat group: Two or more servings of meat, fish, eggs, poultry, dry beans, peas or peanut butter.

Vegetables and fruit group: Four or more servings every day. Include those rich in Vitamin A and Vitamin C, such as carrots, broccoli, oranges, grapefruit, tomatoes and potatoes.

Milk group: Two glasses or more are needed daily. Substitutions can be made by using cheese, ice cream and other milk made foods.

The amounts of food needed differ with family members depending upon age and activity. Except for the fact that less calories are required, older men and women need the same amount of nutrients as children and young adults. Active men and women require more energy which can be obtained from an extra serving of bread, cereals and fats. (But the other dietary essentials must be included first). Teenagers, both girls and boys, require proteins, vitamins, and minerals to support their rapid growth. Little children need finger foods, mild flavors and a chance for slow introduction to new foods.

A small amount of money spent wisely can buy better nutrition than a large amount spent carelessly. But the less money there is to spend, the more carefully we must plan, buy and prepare food in order to have everything we need for good nutrition.

STATISTICAL REPORT FOR THE 14th WEEK ENDING APRIL 5, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	47	57	17	177	152
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	3	43	6	43	100
GONORRHEA	270	184	69	3135	2488
HEPATITIS, INF.	16	7	2	187	73
INFLUENZA	0	3	0	3	1
MEASLES	2	48	12	27	219
MENINGOCOCCAL INF.	0	3	0	2	7

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	1	1	0	11	8
MUMPS	7	69	12	169	466
PERTUSSIS	0	6	0	1	4
SALMONELLOSIS	1	2	0	17	16
SHIGELLOSIS	0	5	1	7	8
STREP. INFECTION	3	10	3	35	58
SYPHILIS	16	24	12	234	303
TUBERCULOSIS	7	12	4	105	104

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 6

	1968	1967
DEATHS RECORDED FOR THE WEEK	184	177
BIRTHS RECORDED FOR THE WEEK	225	308

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

APRIL 15, 1968

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ENVIRONMENTAL HEALTH WEEK
April 14 - 20

Inquiry into the environmental factors in personal illness, early in the history of public health, led to present day triumphs of sanitary engineering, especially in water and milk. The collaborative efforts of health workers since then have controlled infectious diseases to the extent that interest has begun to shift from the prevention of sickness to the promotion of health. This shift in emphasis has been accompanied by a growing realization that personal health is only one aspect of the total health of the community, that the enjoyment of good health personally implies the enjoyment of a healthful as well as an attractive environment.

The Health Department embraces a broad scope of activities which affect various facets of the impact of environment on our health. Through our Bureau of Environmental Health and our Bureau of Milk Inspection we check bacteriological samples of the water supply and cooperate with the Federal, State and Regional agencies in the continuous sampling of air pollution. Together with this there is a continual inspection made of the thousands of food and beverage outlets, and instruction is given to classes of food handlers. By providing consultation in the pre-constructive phases of food-handling equipment installation, the health inspector has become an educator in the law's requirements instead of someone intent on finding code violations. In this way he has gained ever-widening recognition for practical sanitation standards which reduce violations to a minimum and enable those concerned with purveying food services to measure their own compliance with sanitary laws and regulations. All market milk and milk products are subjected to rigid inspection and control, from the dairy in the country to the retail outlet.

Properly administered legal action has also come to assume its role as an effective educational tool in place of court action. These hearings endeavor to enforce adequate levels of sanitation by persuasion rather than by law. Where such hearings fail, prosecution or license revocation serves to remind others not to do likewise. This is education by example.

STATISTICAL REPORT FOR THE 15th WEEK ENDING APRIL 12, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	2	53	8	179	160
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	5	46	6	48	110
GONORRHEA	233	190	80	3368	2678
HEPATITIS, INF.	6	7	3	193	76
INFLUENZA	0	9	0	3	10
MEASLES	0	66	12	27	231
MENINGOCOCCAL INF.	0	0	0	2	7

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	1	0	11	8
MUMPS	6	39	2	175	477
PERTUSSIS	0	0	0	1	4
SALMONELLOSIS	2	3	1	19	17
SHIGELLOSIS	2	7	0	9	10
STREP. INFECTION	1	9	2	36	60
SYPHILIS	16	29	20	250	332
TUBERCULOSIS	5	18	7	110	114

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

COCCIDIOIDOMYCOSIS	1
PNEUMONIA	4
TUBERCULOSIS	3

	1968	1967
DEATHS RECORDED FOR THE WEEK	164	187
BIRTHS RECORDED FOR THE WEEK	273	284

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 22, 1968

CANCER IN MIDLIFE

About 275,000 persons die from cancer in the United States every year. Despite the fact that it ranks among the leading causes of death at almost every period of life, cancer is for the most part a disease of the middle aged and old. This death toll is increasing at a rate of about 3% annually, mostly because of a steady and continuing increase in the number of older people in the population.

Among women, the death rates, as well as the incidence rates, are higher for cancer of the breast and uterus than for other sites. Uterine cancer has shown a slight reduction over the years, probably reflecting the results of preventive measures and of early diagnosis and therapy. Failure of breast cancer to show a similar downward trend, despite educational programs for early detection and treatment, may result to some extent from the fact that breast cancer often spreads before the woman is aware of the disease. Among men, lung cancer is now the leading cause of cancer deaths, and its incidence and mortality rate are both rising, not only in the United States, but all over the world. The causes of this alarming increase of lung cancer in the male are not as yet fully known. However, the weight of statistical evidence seems to point to a relationship between the incidence of lung cancer and prolonged and excessive smoking of cigarettes. There is a rising incidence of lung cancer among women, who started smoking in large numbers considerably later than men.

The death toll from cancer could be greatly reduced if middle aged men and women would: 1) schedule a physical checkup at least once a year, and 2) seek prompt medical attention for symptoms that might indicate cancer. Going to a physician for advice on the possibility of cancer should result in either peace of mind from learning that there is no cancer, or proper medical or surgical treatment with the likelihood of cure. The chances of obtaining a cure are tremendously increased by early diagnosis. When no diagnosis is made, and when no medical treatment is obtained, the disease is eventually fatal.

STATISTICAL REPORT FOR THE 16th WEEK ENDING APRIL 19, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	4	55	16	183	199
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	1	28	1	49	122
GONORRHEA	226	212	70	3594	2890
HEPATITIS, INF.	12	6	3	205	79
INFLUENZA	0	4	0	3	10
MEASLES	1	58	10	28	265
MENINGOCOCCAL INF.	1	1	0	3	7

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	1	0	11	8
MUMPS	1	43	8	176	518
PERTUSSIS	0	2	0	1	4
SALMONELLOSIS	2	4	0	21	21
SHIGELLOSIS	1	2	0	10	11
STREP. INFECTION	0	14	3	36	63
SYPHILIS	19	23	14	269	350
TUBERCULOSIS	14	12	4	124	118

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	3
SYPHILIS	1
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	183	202
BIRTHS RECORDED FOR THE WEEK	322	307

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

APRIL 29, 1968

MUSSEL QUARANTINE

All species of California mussels are under quarantine from May 1 to October 31 as unfit for human consumption. The State Board of Public Health establishes the quarantine each year to extend along the entire coast of California, as well as all bays, inlets and harbors, including San Francisco Bay. The purpose of the annual quarantine is to protect the people of California from the highly toxic poison found in the shellfish during the summer and early autumn months. Mussels may be used for bait, but must be broken open and placed in containers plainly labeled in large print "Mussels may contain poison. Unfit for human food". During the quarantine period, the dark meat of clams can also be dangerous and should be discarded. Only the white meat should be eaten; and the clams should be thoroughly cleaned and washed before cooking. In digging clams, they should be taken only from areas free of sewage contamination. As the dangerous shellfish cannot be distinguished in appearance from the harmless ones, it is unsafe to eat mussels or clams from California coastal waters until November.

The source of mussel poisoning is Gonyaulax catenella, a microscopic organism found in plankton, which serves as food for mussels and clams. In warm weather the organism may multiply to such an extent that the water is a deep rust red color. While the poison does not appear to be harmful to the mussel, it can prove fatal to man when he consumes the toxic shellfish. A prickly feeling in the lips, tongue and finger tips, followed by numbness are the first signs of poisoning. An unsteady gait and lack of muscular coordination and finally ascending paralysis mark the progress of the poisoning, with death from respiratory failure in two to twelve hours after consumption of the shellfish. Chemically, the poison is similar to strychnine, and is one of the strongest poisons known. Because it is heat stable, cooking by boiling or steaming does NOT destroy the poison. In fact, death has been known to occur 15 minutes after eating toxic mussels.

STATISTICAL REPORT FOR THE 17th WEEK ENDING APRIL 26, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	12	70	13	195	212
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	2	54	7	51	141
GONORRHEA	206	159	77	3800	3049
HEPATITIS, INF.	18	8	3	224	83
INFLUENZA	0	4	0	3	10
MEASLES	1	72	10	29	323
MENINGOCOCCAL INF.	0	2	0	3	7

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	2	0	11	9
MUMPS	5	57	10	181	573
PERTUSSIS	0	2	0	1	4
SALMONELLOSIS	2	2	0	23	23
SHIGELLOSIS	0	3	0	10	12
STREP. INFECTION	0	12	2	36	71
SYPHILIS	20	27	14	289	370
TUBERCULOSIS	11	13	8	134	126

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	2
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	162	171
BIRTHS RECORDED FOR THE WEEK	222	254

5/6/68

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

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ELLIS D. SOX, M.D., DIRECTOR

MAY 6, 1968

SAN FRANCISCO'S CHANGING POPULATION

POPULATION BY SEX AND AGE GROUPS

	ESTIMATE	U.S. Census		
	1967	1960	1950	1940
TOTAL	747,500	740,316	775,357	634,536
Male	369,400	363,424	389,866	322,441
Female	378,100	376,892	385,491	312,095
Under 5 years	59,900	58,851	62,921	30,333
5 - 14 years	103,300	98,189	75,944	61,080
15 - 24 years	109,400	91,155	99,358	90,269
25 - 44 years	180,600	199,362	262,705	229,821
45 - 64 years	195,900	199,151	200,379	171,326
65 & over "	98,400	93,608	74,050	51,707

PERCENT DISTRIBUTION

	ESTIMATE	U.S. Census		
	1967	1960	1950	1940
PERCENT ALL AGES	100.0	100.0	100.0	100.0
Under 5 years	8.0	8.0	8.1	4.8
5 - 14 years	13.8	13.3	9.8	9.6
15 - 24 years	14.6	12.3	12.8	14.2
25 - 44 years	24.2	26.9	33.9	36.2
45 - 64 years	26.2	26.9	25.8	27.0
65 & over "	13.2	12.6	9.6	8.2

Information about the people who make up the population of San Francisco has many applications, being used in planning by official and voluntary agencies. In the provision of health and welfare services, the appraisal of problems and the planning of sound programs to meet them must be based on an understanding of the number, composition and distribution of the population. The increase in the 5 to 14 age group means increases in school enrollment, while the decrease in the 25 to 44 age group reflects the move to the suburbs. The 65 and over age group rose from 12.6% in 1960 to 13.2% in 1967, significant from a public health standpoint.

STATISTICAL REPORT FOR THE 18th WEEK ENDING MAY 3, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	21	62	28	216	240
DIPHTHERIA	0	1	0	0	0
GERMAN MEASLES	19	69	8	70	149
GONORRHEA	287	195	80	4087	3244
HEPATITIS, INF.	20	9	0	244	92
INFLUENZA	0	1	0	3	10
MEASLES	0	89	20	29	369
MENINGOCOCCAL INF.	0	1	0	3	8

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	1	2	0	12	11
MUMPS	15	83	14	196	656
PERTUSSIS	1	2	0	2	4
SALMONELLOSIS	0	2	1	23	25
SHIGELLOSIS	0	2	0	10	14
STREP. INFECTION	0	17	2	36	75
SYPHILIS	9	26	13	298	389
TUBERCULOSIS	3	13	5	137	136

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 2

	1968	1967
DEATHS RECORDED FOR THE WEEK	185	177
BIRTHS RECORDED FOR THE WEEK	[illegible]	[illegible]

F 5/13/68

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 13, 1968

HAY FEVER

Each year in the spring, hundreds of San Franciscans are beset by allergic symptoms of weepy eyes, stuffed or runny noses, sneezing, wheezing and the general discomfort which marks the onset of their annual bout with hay fever. In many cases the symptoms are mild enough to be mistaken for a spring cold. Others suffer intensely, with considerable loss of time from work or school. Whether mild or severe, the symptoms should not be regarded lightly, as they may be associated with other diseases. This allergic reaction which is rarely caused by hay and hardly ever associated with fever, is due to the inhalation of airborne pollen from trees, grasses, molds or weeds by those who have a sensitivity to such substances. Elsewhere in the country, ragweed is the usual source of the offending particles. In the Bay Area, most cases of spring hay fever are caused by tree pollen, particularly that of the common oak tree.

Mild seasonal attacks of hay fever can usually be treated effectively with simple medications prescribed by a physician. More severe or persistent cases may require skin tests and desensitization against the offending substance. If asthma or other complications occur, other methods of treatment may be required. The physician can determine which treatment is best for each individual case.

There are also a number of personal measures one can take to avoid or ease the distressing symptoms. Try to keep doors and windows closed as much as possible during the susceptible period. Central air conditioning with filtration, although expensive, can provide gratifying relief. If this is not practical, a window unit in the bedroom can help toward a good night's sleep and leave one better able to withstand the sneezes of the next day. Obviously, a sensitive person should not take walks through fields or woods, and he should plan his vacation for the period during which he is usually afflicted. A trip of only a hundred miles away to a place free from the offending pollen can allow one to breathe freely.

STATISTICAL REPORT FOR THE 19th WEEK ENDING MAY 10, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	3	36	7	219	247
DIPHTHERIA	0	1	0	0	0
GERMAN MEASLES	4	49	7	74	164
GONORRHEA	248	192	85	4335	3436
HEPATITIS, INF.	15	4	1	259	96
INFLUENZA	0	6	0	3	10
MEASLES	0	49	12	29	381
MENINGOCOCCAL INF.	0	1	0	3	8

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	1	1	0	13	11
MUMPS	5	53	7	201	687
PERTUSSIS	0	2	0	2	4
SALMONELLOSIS	4	4	1	27	27
STREP. INFECTION	2	8	1	38	76
SYPHILIS	25	23	15	323	412
TUBERCULOSIS	5	16	7	142	143
SHIGELLOSIS	0	3	0	10	15

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

ENCEPHALITIS, VIRAL	1
PNEUMONIA	4

	1968	1967
DEATHS RECORDED FOR THE WEEK	165	193
BIRTHS RECORDED FOR THE WEEK	291	346

F 5/20/68

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 20, 1968

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SAN FRANCISCO'S CHANGING POPULATION

POPULATION BY ETHNIC GROUP

ETHNIC GROUP	ESTIMATE 1967	U.S. CENSUS 1960	1950	1940
TOTAL	747,500	740,316	775,357	634,536
White	568,800	604,403	693,888	602,701
Non White	178,700	135,913	81,469	31,835
Negro	97,000	74,383	43,502	4,846
Chinese	47,700	36,445	24,813	17,782
Japanese	11,500	9,464	5,579	5,280
Filipino	16,900	12,327	Included in "Other"	
Other	5,600	3,294	7,575	3,927

PERCENT IN EACH ETHNIC GROUP

TOTAL	100.0	100.0	100.0	100.0
White	76.1	81.6	89.5	95.0
Non White	23.9	18.4	10.5	5.0
Negro	13.0	10.1	5.6	0.8
Chinese	6.4	4.9	3.2	2.8
Japanese	1.5	1.3	0.7	0.8
Filipino	2.3	1.7	Included in "Other"	
Other	0.7	0.4	1.0	0.6

The provisional estimate of total population for July 1, 1968, made by the California State Department of Finance, was 747,500, about 1% more than the 1960 Census figure of 740,316. Since 1960, the distribution by ethnic groups has shifted considerably. Negroes, Filipinos and Chinese are estimated to have increased by more than 30%, and the Caucasion population has decreased by almost 6%.

STATISTICAL REPORT FOR THE 20th WEEK ENDING MAY 17, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	LOW	TO DATE 1968	1967
CHICKENPOX	20	71	15	239	273
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	9	58	5	83	180
GONORRHEA	269	230	78	4604	3666
HEPATITIS, INF.	31	8	0	290	104
INFLUENZA	0	21	0	3	31
MEASLES	0	123	14	29	407
MENINGOCOCCAL INF.	0	2	0	3	8

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	LOW	TO DATE 1968	1967
MENINGITIS, OTHER	0	2	0	13	13
MUMPS	5	31	7	206	716
PERTUSSIS	0	1	0	2	4
SALMONELLOSIS	2	3	0	29	30
SHIGELLOSIS	1	3	0	11	18
STREP. INFECTION	2	11	0	40	76
SYPHILIS	19	43	12	342	455
TUBERCULOSIS	9	13	7	151	150

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 3

	1968	1967
DEATHS RECORDED FOR THE WEEK	166	194
BIRTHS RECORDED FOR THE WEEK	395	226

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MAY 27, 1968

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RODENT CONTROL

There is a continuing need for rodent control in San Francisco. Rat problems seem to be heavier in those areas of the city where general sanitary measures are neglected. When householders keep their premises structurally sound and clean, rodent control follows as a matter of course and requires very little follow-up effort. A four point program that, if followed consistently, will practically insure rat-free premises is as follows:

1. STARVE THEM OUT: - This means to eliminate all possible food sources by keeping garbage and refuse in tightly covered metal containers. Keep the premises clean of all food stuffs and food refuse.

2. REMOVE THEIR SHELTER: - Store lumber, boxes and other materials at least eighteen inches above the floor or ground. Keep basements clean and orderly. Rats like to nest in dark, enclosed spaces.

3. BUILD THEM OUT: - Close all holes in exterior walls as well as spaces around doors, windows etc. Any opening one half inch in size is large enough for a rat to get through.

4. KILL THEM: - Poisoned bait is recommended as the best means of killing rats. Follow directions on the poison label and observe precautions. Traps are recommended where infestations are small, or as a follow-up after the use of bait. Both traps and some baits are a hazard to children and to pets, so be careful!

On again, and off again rat control efforts are not satisfactory. Rats will quickly reinfest and repopulate premises where control measures are relaxed. The four measures outlined should become a part of routine maintenance for every householder.

STATISTICAL REPORT FOR THE 21st WEEK ENDING MAY 24, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	8	46	9	247	290
DIPHTHERIA	0	1	0	0	0
GERMAN MEASLES	1	47	9	84	200
GONORRHEA	248	199	73	4852	3865
HEPATITIS, INF.	25	17	2	315	121
INFLUENZA	0	1	0	3	32
MEASLES	1	58	11	30	425
MENINGOCOCCAL INF.	0	1	0	3	9

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	2	0	13	13
MUMPS	6	64	13	212	780
PERTUSSIS	0	1	0	2	5
SALMONELLOSIS	1	3	0	30	33
STREP INFECTION	0	8	1	40	78
SYPHILIS	18	25	16	360	480
TUBERCULOSIS	7	9	8	158	158
SHIGELLOSIS	1	1	0	12	19

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	175	159
BIRTHS RECORDED FOR THE WEEK	267	364

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JUNE 3, 1968

POISON OAK

California's most common poisonous plant, poison oak, grows abundantly throughout most of our vacation areas. It is usually seen growing as a shrub, two to six feet tall on roadside banks, or it may be found trailing along the ground or entwined around trees and fences. The plant can be readily recognized by it's pattern of three glossy uneven leaves which have a tough leathery appearance. The shiny green color of the leaves becomes splotched with red in early summer, becoming solid red in late summer and fall.

The skin rash, swelling, and blisters resulting from contact with poison oak is an allergic reaction causing itching, pain, and discomfort. The reaction is due to the tiny oil droplets secreted by the plant, which are then spread by direct contact with the plant or by indirect contact with contaminated objects, including the clothing worn, with animals or by transmission from the hands to other parts of the body. Smoke containing the vapor of the toxin can bring about symptoms in sensitized people. The rash may appear in a few hours to five days or more after contact. The condition usually is not serious, and the duration varies with the amount of exposure and the individual's degree of sensitivity. Usually a person is well in two to three weeks.

The best means of preventing the reaction is to learn to recognize the plant and then to make every effort to avoid contact with it or with any object which may have become contaminated with its oily secretion. Bathing with soap may provide some lessening of the allergic reaction. To be most effective, such baths should be taken as soon as possible after exposure. With very sensitive people even a delay of two hours may be too long. Preventive measures before exposure include wearing clothing to cover most of the body surface, applying a protective cream to exposed areas and taking injections or drops of a desensitizing agent if a physician so advises. If treatment is needed, see your doctor.

STATISTICAL REPORT FOR THE 22nd WEEK ENDING MAY 31, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	10	86	16	257	320
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	1	46	0	85	210
GONORRHEA	307	249	67	5159	4114
HEPATITIS, INF.	10	4	0	325	125
INFLUENZA	0	7	0	3	32
MEASLES	1	132	19	31	444
MENINGOCOCCAL INF.	1	1	0	4	9

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	1	0	0	14	13
MUMPS	6	36	8	218	804
PERTUSSIS	1	1	0	3	6
SALMONELLOSIS	0	4	0	30	36
SHIGELLOSIS	2	3	0	14	19
STREP. INFECTION	2	9	3	42	81
SYPHILIS	32	24	16	392	498
TUBERCULOSIS	9	16	1	166	164

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

INFLUENZA	1
PNEUMONIA	4
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	141	179
BIRTHS RECORDED FOR THE WEEK	239	264

SF June 10, 1968

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 10, 1968

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IMMUNIZATION FOR TRAVEL

If you travel abroad, immunization requirements depend on the countries you will visit. Immunization against smallpox is required to re-enter the United States except from Canada and Mexico. Immunization against typhoid fever is recommended for any travel outside the United States, and travellers should also be immunized against tetanus, diphtheria and polio, or booster doses given. Other necessary immunizations depend on the specific areas to be visited. Required immunizations must be recorded in an International Certificate of Vaccination Form and validated. This may be secured at the San Francisco Department of Public Health.

Detailed vaccination requirements for all areas of the world are contained in the booklet "Immunization Information for International Travel" for sale by the Superintendent of Documents, Government Printing Office, Washington, D.C., 20402, for 40 cents. Also available from the same source, for 5 cents a copy, are the following Public Health Service Folders which list required and recommended vaccinations as well as such health protection hints on safe food and drink:

Health Information for Travel

(1) in Europe
(2) in Mexico, Central &South America & the Caribbean
(3) in Asia, Australia and New Zealand
(4) in Africa

Consult your family physician regarding immunizations and medications you may need. If you suffer from a chronic illness which may require emergency care, you should carry a card or tag identifying this condition in medical language. If you need special prescriptions for an existing condition, carry a duplicate prescription or an extra supply of the medication. If you wear glasses or contact lenses, carry a second pair or your lens prescription. You can reduce the chance of spoiling your pleasure if you prepare beforehand.

STATISTICAL REPORT FOR THE 23d WEEK ENDING JUNE 7, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	LOW	TO DATE 1968	1967
CHICKENPOX	25	55	6	282	335
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	2	20	5	87	230
GONORRHEA	204	144	60	5363	4258
HEPATITIS, INF.	24	10	0	349	135
INFLUENZA	0	1	0	3	32
MEASLES	1	60	7	32	458
MENINGOCOCCAL INF.	0	1	0	4	9

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	LOW	TO DATE 1968	1967
MENINGITIS, OTHER	4	2	0	18	13
MUMPS	3	82	12	221	827
PERTUSSIS	0	5	0	3	6
SALMONELLOSIS	0	5	0	30	36
SHIGELLOSIS	0	3	0	14	19
STREP. INFECTION	0	6	2	42	83
SYPHILIS	20	34	13	412	515
TUBERCULOSIS	5	14	3	171	170

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

MENINGOCOCCEMIA	1
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	161	189
BIRTHS RECORDED FOR THE WEEK	233	272

June 17, 1968

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JUNE 17, 1968

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GREETINGS TO THE AMERICAN MEDICAL ASSOCIATION

The Department of Public Health of the City and County of San Francisco extends greetings to the physicians of the United States who are meeting here for the 117th Annual Meeting of the American Medical Association.

The resources of the Department of Public Health, including both those involved in preventive medicine and those involved in medical care, including Mental Health, are open at all times to the visiting profession. Our offices are just West of the of the Auditorium.

The combined efforts of the medical profession and of all community resources, including those of departments of public health, in the diagnosis and the treatment of the ills affecting communities is, in effect, "Public Health." These advancements have, for the most part, been made by the voluntary cooperation of professional groups such as The American Medical Association, with voluntary groups, and with governmental agencies. The importance of the individual efforts of more than 120,000 physicians must be held up for all the world to see, showing that the free practice of medicine can, does and will continue to recognize not only the medical profession's responsibility for the individual patient, but also its responsibility for the correction of those illnesses of the health officer's patient, namely, the community.

The Department of Public Health of the City and County of San Francisco operates acute and chronic hospitals for the indigent sick, a broad mental health program including special clinics for alcoholics, an outstanding emergency hospital and ambulance service and, of course, the preventive services normally found in any health department.

The doors of every office and every institution of the Department of Public Health are open to our visiting colleagues.

STATISTICAL REPORT FOR THE 24th WEEK ENDING JUNE 14, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	13	51	9	295	344
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	1	18	2	88	246
GONORRHEA	231	175	71	5594	4433
HEPATITIS, INF.	21	13	1	369	148
INFLUENZA	0	0	0	3	32
MEASLES	1	56	5	33	463
MENINGOCOCCAL INF.	0	1	0	4	9

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	1	1	0	19	13
MUMPS	3	31	9	224	839
PERTUSSIS	0	5	0	3	[illegible]
SALMONELLOSIS	4	6	0	34	42
SHIGELLOSIS	1	2	0	15	20
STREP. INFECTION	0	9	2	42	85
SYPHILIS	11	24	13	423	539
TUBERCULOSIS	5	12	4	176	175

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 2

	1968	1967
DEATHS RECORDED FOR THE WEEK	183	179
BIRTHS RECORDED FOR THE WEEK	321	315

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 24, 1968

SEAT BELTS

The ability of the average American to ignore the possibility of his own destruction is nowhere better illustrated than in his casual neglect to use a seat belt. He knows that thousands are killed or injured on our highways each day, but he doesn't believe that it can happen to him. If he did, he would put seat belts in his car and make sure they were used at all times. They are recognized as the most important single, economically feasible and acceptable device available to minimize deaths and prevent mutilating injuries resulting from automobile accidents. They should be a "must" for every automobile. There is ample evidence that:

1. Your chances of being killed in an accident are five times greater if you are thrown from the vehicle. Your seat belt will help keep you in the car.

2. More than half of the accidents causing injury or death involve speeds of less than 40 miles an hour. Your seat belt can prevent or lessen injury in an accident and may save your life.

3. Figures indicate that three out of four traffic deaths occur within 25 miles of home. Your seat belt can protect you in town as well as on the highway.

Most people seem to resist safety measures in the home, at work or on the highway until shocked into action by some unfortunate personal experience. Each of us individually and in our professional or official capacity can contribute to the reduction of traffic deaths and injuries by using seat belts and encouraging their use whenever possible. With the advent of lengthening days, holidays and vacations, the family car will be more in use. We owe it to our loved ones to equip the car with seat belts - and use them. They are an investment in safety, cheaper than insurance, cheaper than funerals, cheaper than surgery.

THE ODDS ARE IN YOUR FAVOR WHEN YOU ARE WEARING A SEAT BELT!

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STATISTICAL REPORT FOR THE 25th WEEK ENDING JUNE 21, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	3	22	2	298	346
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	0	18	2	88	248
GONORRHEA	295	277	76	5889	4710
HEPATITIS, INF.	18	16	1	387	164
INFLUENZA	0	0	0	3	32
MEASLES	0	38	6	33	469
MENINGOCOCCAL INF.	0	2	0	4	9
MENINGITIS, OTHER	4	2	0	23	13
MUMPS	3	23	5	227	858
PERTUSSIS	0	1	0	3	6
SALMONELLOSIS	1	6	1	35	43
SHIGELLOSIS	1	5	0	16	25
STREP. INFECTION	1	7	0	43	85
SYPHILIS	24	35	14	447	555
TUBERCULOSIS	9	17	2	184	181

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	2
SYPHILIS	1
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	199	199
BIRTHS RECORDED FOR THE WEEK	322	280

/SF 7/1/68

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

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JUL 1 1968
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ELLIS D. SOX, M.D., DIRECTOR JULY 1, 1968

VIRAL HEPATITIS

Viral hepatitis, which includes both infectious and serum hepatitis, has shown a slow, steady rise in incidence throughout the nation, with 552 cases reported in San Francisco in 1967, and an accelerating rate of rise in 1968. Some of this increase may be the result of better recognition or reporting in recent years, but many cases are still thought to be undiagnosed or unreported. The disease varies from relatively mild to serious or fatal forms. Even after prolonged convalescence, the liver may sustain residual damage. Many factors in the transmission of the disease are not yet fully understood.

The incubation period for serum hepatitis is usually 80 to 100 days. Before the virus was recognized, it was formerly more commonly transmitted through transfusion with virus infected blood or blood-products, or inadequately sterilized needles or medical instruments, since it is resistant to ordinary sterilization procedures and requires unusual techniques - such as thirty minutes in boiling water. This source of infection is now carefully controlled in most medical facilities by the use of an autoclave, a device for producing increased temperatures under pressure. The common source of infection now is the injection of narcotics or other drugs by a group of persons using a common hypodermic needle, without intermediate sterilization.

The incubation period for infectious hepatitis averages about three weeks. It is known to be spread by fecal contamination of food and water, and perhaps less commonly, by nose and throat discharges. Strict observance of personal hygiene and general sanitation measures would help to control at least the food-borne infections.

Persons ill with the disease are thought to be infectious from one week before the appearance of the symptoms until the termination of fever. Some cases exposed to intimate household contact of infectious hepatitis may be prevented, or the severity reduced, if given gamma globulin within one week of exposure. This is apparently not effective for prevention of serum hepatitis. There is, as yet, no vaccine for long-term prevention of either form of the disease, and no specific treatment. Prolonged supportive therapy under medical supervision is essential.

STATISTICAL REPORT FOR THE 26th WEEK ENDING JUNE 28, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	3	8	3	301	353
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	0	9	0	88	254
GONORRHEA	304	179	93	6193	4889
HEPATITIS, INF.	16	16	2	403	180
INFLUENZA	0	0	0	3	32
MEASLES	0	21	4	33	474
MENINGOCOCCAL INF.	0	1	0	4	9

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	1	1	0	24	13
MUMPS	4	13	3	231	865
PERTUSSIS	0	0	0	3	8
SALMONELLOSIS	4	4	0	39	43
SHIGELLOSIS	1	3	1	17	27
STREP. INFECTION	0	5	0	43	85
SYPHILIS	31	21	18	478	574
TUBERCULOSIS	3	21	4	187	189

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	2

	1968	1967
DEATHS RECORDED FOR THE WEEK	157	172
BIRTHS RECORDED FOR THE WEEK	309	252

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JULY 8, 1968

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RESCUE BREATHING

Each year approximately 50,000 people die of gas or smoke inhalation, drowning and similar accidents. Many of the victims could be saved if someone knew the simple steps involved in mouth-to-mouth artificial respiration. The primary purpose is to get air to the patient quickly and effectively, by blowing one's breath into his lungs. This technique delivers two to three times the amount of air provided by older manual methods. The first several seconds are vitally important; time should not be wasted. Calling a doctor, or transporting the victim or giving secondary forms of first aid can await some one else's action.

1. CLEAN THE THROAT IF NECESSARY. Place the victim on his back. If foreign matter is present, turn his head to one side, force the mouth open, wipe the mouth and throat clean.

2. TILT THE HEAD BACK as far as possible.

3. ELEVATE THE VICTIM'S JAW into jutting-out position by inserting thumb between the teeth, grasping the lower jaw and lifting it forcefully upward. Do not allow the chin to sag.

4. OPEN YOUR MOUTH WIDE and cover the victim's mouth completely by placing your mouth over his with airtight contact. At the same time, close the victim's nose by pinching it between the thumb and finger.

5. BLOW AIR FORCEFULLY into the victim's lungs until you see the chest rise (blow gently for children); remove your mouth and let him exhale. If the chest does not rise, check the steps above.

6. REPEAT STEP NO. 5 approximately twelve times a minute until the victim revives (twenty times a minute for children).

An illustrated leaflet outlining the steps above may be obtained from the Bureau of Public Health Education, San Francisco Department of Public Health.

STATISTICAL REPORT FOR THE 27th WEEK ENDING JULY 5, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	1	15	2	302	356
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	3	18	0	91	260
GONORRHEA	293	171	78	6486	5060
HEPATITIS, INF.	12	13	1	415	193
INFLUENZA	0	0	0	3	32
MEASLES	0	69	2	33	478
MENINGOCOCCAL INF.	1	1	0	5	9

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	1	0	0	25	13
MUMPS	2	11	1	233	870
PERTUSSIS	2	1	0	5	8
SALMONELLOSIS	1	3	0	40	43
SHIGELLOSIS	0	4	0	17	29
STREP. INFECTION	0	4	0	43	86
SYPHILIS	16	30	13	494	603
TUBERCULOSIS	9	11	3	196	200

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

HEPATITIS, ACUTE VIRAL	1
PNEUMONIA	2
SYPHILIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	164	159
BIRTHS RECORDED FOR THE WEEK	202	240

July 15, 1968

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

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ELLIS D. SOX, M.D., DIRECTOR — JULY 15, 1968

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SWIMMING AND BOATING SAFETY

It is an unfortunate fact that far too many persons who engage in activities in and about water lack an understanding of the hazards involved and neglect to employ proper safeguards against drowning. While such accidents occur in every season, the toll is heaviest in the summer. This loss of life can be greatly reduced by educating people to certain simple common sense precautions, such as those listed below:

* Learn to swim well. Relax in the water.
* Never swim alone. Make sure someone is nearby who can help.
* Select a safe swimming place, preferably supervised by a trained lifeguard.
* Never swim when overly tired or when the water is extremely cold.
* Never swim right after eating.
* Know your ability and endurance. Distance over water can be misleading.
* Never dive into unknown waters.

During recent years there has been a marked increase in the use of motorboats, canoes and rowboats. Boating in small watercraft is enjoyable recreation; but too often people do not realize the dangers involved, and are not able to cope with emergencies. Boat operators should employ measures to insure not only their own safety but also that of their passengers for whom they are responsible. Following are suggested safety rules for boaters:

* Be courteous. Consider the safety of others.
* Learn safe-handling and safe-rescue before going out in boats.
* Do not overload boats.

* Be extremely careful when you have to stand or change position.
* If a boat overturns, stay with it. Most small craft will float when upset. Don't try to swim a long distance to shore.

Finally, boaters, swimmers and anyone around water needs to know how to rescue a person from drowning and how to give mouth-to-mouth artificial respiration.

STATISTICAL REPORT FOR THE 28th WEEK ENDING JULY 12, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	16	16	5	318	361
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	1	8	1	92	262
GONORRHEA	234	133	69	6721	5193
HEPATITIS, INF.	26	13	1	441	206
INFLUENZA	0	0	0	3	32
MEASLES	0	17	2	33	481
MENINGOCOCCAL INF.	0	1	0	5	9

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	1	2	0	26	13
MUMPS	6	9	4	239	875
PERTUSSIS	0	2	0	5	8
SALMONELLOSIS	12	2	0	52	45
SHIGELLOSIS	0	4	0	17	29
STREP. INFECTION	0	6	0	43	92
SYPHILIS	11	25	14	504	618
TUBERCULOSIS	8	11	2	204	211

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

MENINGOCOCCAL MENINGITIS	1
OTHER MENINGITIS	2
PNEUMONIA	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	201	204
BIRTHS RECORDED FOR THE WEEK	303	291

July 22, 1968

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JULY 22, 1968

RABIES - A CONSTANT MENACE

Rabies is a disease that effects the nervous system of warm-blooded mammals, including man, and is almost always fatal. It is caused by a virus for which uniformly safe and effective protection in man is still unsatisfactory. It is much more desirable to avoid infection, which is introduced by the bite or scratch of a rabid animal, which may or may not appear sick.

As dogs and cats can be satisfactorily immunized by veterinarians, control in urban areas can be effected. San Francisco has been free of cases of human and animal rabies for many years. However, more than half of the counties in California are declared "rabies areas", primarily for disease in small wild mammals, especially skunks and bats. It also appears very occasionally in other furred animals, both wild and domestic. We are seeing the usual summer increase in reports of such infections, from California State Department of Public Health. These are of particular importance to San Francisco families who vacation in nearby counties. In the most recent reports, cases have been recorded in a few skunks found in the Sacramento River areas of Napa and Sacramento Counties, and near the vacation resort areas of Lake County.

As preventive anti-rabies treatment, after an animal bite, carries some risk of complications, we recommend precautions on vacations, camping trips, hikes and picnics, for humans and their pets, to prevent the initial infection:

1. Dogs and cats should be vaccinated by a veterinarian several weeks before the vacation. This protects the animals as well as the family members, as they may be infected without the owner's being aware of the fact. If it is too late this season for effective vaccination, before the vacation, leave the pets home in safe-keeping.

2. Caution children against playing with, feeding, or handling wild animals of any kind, particularly skunks and bats, especially if they appear dead, asleep, wounded, or overactive. Bats abroad in daylight are particularly suspect.

3. Do not sleep on the ground in the open. It is much safer to sleep in a tent which is firmly anchored to the ground, with the flaps securely closed.

4. For all animal bites or scratches, wash them immediately and thoroughly with large amounts of soap and running water, and--if the skin is broken--go to a physician immediately for further care.

STATISTICAL REPORT FOR THE 29th WEEK ENDING JULY 19, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	4	4	1	322	363
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	0	16	0	92	265
GONORRHEA	260	244	97	6981	5437
HEPATITIS, INF.	23	19	0	464	225
INFLUENZA	0	0	0	3	32
MEASLES	0	18	2	33	483
MENINGOCOCCAL INF.	0	1	0	5	9

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	1	1	0	27	14
MUMPS	1	10	3	240	885
PERTUSSIS	0	1	0	5	8
SALMONELLOSIS	4	6	1	56	47
SHIGELLOSIS	1	6	1	18	30
STREP. INFECTION	0	4	0	43	92
SYPHILIS	16	19	10	520	637
TUBERCULOSIS	9	8	4	213	218

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

		1968	1967
PNEUMONIA	2		
DEATHS RECORDED FOR THE WEEK		143	134
BIRTHS RECORDED FOR THE WEEK		252	346

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JULY 29, 1968

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OUR VOLUNTEER PARTNERS

Each year the Health Department's volunteers give their time, talents, understand- and actual physical effort to aid in the operation of our health centers, institutions and clinics. They serve as shoppers, visitors, messengers, and chauffeurs; they assist in our administrative and clerical offices and clinics; they help in the supply and record rooms, act as receptionists, wheel patients to and from wards, do sewing, and in scores of other ways continually supplement the staff in their role of providing their officially defined duties.

These volunteers, men and women, young and old, come from many walks of life and represent a fair cross-section of the community. They include housewives, employed persons, independent professional people, students, teenagers, and retired people. They serve because they feel an obligation to help others, to belong, or through a desire to do what they can to further a worthy cause. They feel a need to use their talents and time profitably, or to make a return to society for the good fortune they themselves experience in life. However varied the motives which inspire them, our volunteers constitute an integral part of the Health Department. The collaboration of their services enables us to fulfill our obligation toward meeting the many human needs in the community.

The volunteer partners are much more than an auxiliary labor force. They also serve as our connecting link with the community. As members of other groups and associations, they are able to bring the community's point of view to the professional health worker. In turn, as their awareness of the Health Department's role in the community grows, they are able to interpret our policies and functions to their friends and neighbors.

Day after day, week after week, volunteers report faithfully. To acknowledge our debt and our gratitude individually is an impossibility. However, we can and do express our gratitude for their efforts on behalf of the less fortunate, and to say that they deserve the support and cooperation of the entire community.

STATISTICAL REPORT FOR THE 30th WEEK ENDING JULY 26, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	1	5	1	323	364
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	1	6	1	93	271
GONORRHEA	266	295	82	7247	5732
HEPATITIS, INF.	14	17	0	478	242
INFLUENZA	0	4	0	3	32
MEASLES	0	21	2	33	485
MENINGOCOCCAL INF.	0	1	0	5	9

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	4	0	27	13
MUMPS	0	13	2	240	891
PERTUSSIS	1	1	0	6	9
SALMONELLOSIS	3	3	0	59	50
SHIGELLOSIS	0	7	0	18	32
STREP. INFECTION	1	2	1	44	93
SYPHILIS	15	30	14	535	665
TUBERCULOSIS	9	14	3	222	221

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

HEPATITIS, VIRAL	1
PNEUMONIA	1
TUBERCULOSIS	2

	1968	1967
DEATHS RECORDED FOR THE WEEK	166	175
BIRTHS RECORDED FOR THE WEEK	333	367

August 5, 1968

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

AUGUST 5, 1968

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MEASLES IMMUNIZATION BEFORE SCHOOL

A new state law requires that all students be immunized against measles (Rubeola) prior to their first admission to schools in California. Students of public, parochial and private schools are included, from kindergarten or first grade through junior college. The new regulation applies only to those students seeking their first admission to school and not to pupils already enrolled. Transfer pupils from other California School districts will have fulfilled their requirement at their previous school. Nursery schools are excluded.

It is the responsibility of the family to maintain records of immunization. In the event that written records cannot be secured, the parent may sign a statement that the immunization has been obtained or that the pupil has had measles. Otherwise a record of measles immunization from the parent or guardian or a statement signed by a physician should be presented at school to qualify a pupil for admission. Students seeking immunization will be referred to their family physician. Those in need of Public Health Department assistance will be referred to their district Health Center. Failure to comply with these regulations within two weeks of the date of entry will result in the student's exclusion from school.

Immunization is not required if a written statement by a physician indicates that the inoculation would be detrimental to a pupil's health or if a statement is filed that immunization is contrary to the student's belief.

STATISTICAL REPORT FOR THE 31st WEEK ENDING AUGUST 2, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	1	8	1	324	369
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	2	14	0	95	273
GONORRHEA	249	162	64	7496	5894
HEPATITIS, INF.	17	24	0	495	266
INFLUENZA	0	0	0	3	32
MEASLES	0	10	1	33	486
MENINGOCOCCAL INF.	0	0	0	5	9

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	5	1	0	32	19
MUMPS	0	11	2	240	902
PERTUSSIS	0	2	0	6	10
SALMONELLOSIS	2	3	0	61	50
SHIGELLOSIS	2	4	0	20	34
STREP. INFECTION	1	4	0	45	95
SYPHILIS	30	23	6	565	686
TUBERCULOSIS	6	18	5	228	221

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	2
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	166	179
BIRTHS RECORDED FOR THE WEEK	343	297

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

AUGUST 12, 1968

DEATHS FROM IMPORTANT CAUSES
SAN FRANCISCO, CALIFORNIA AND UNITED STATES, 1967

CAUSE OF DEATH	RANK S.F.	RANK Cal.	RANK U.S.	RATE PER 100,000 POPULATION S.F.	RATE Cal.	RATE U.S.	PERCENT OF TOTAL DEATHS S.F.	PERCENT Cal.	PERCENT U.S.
ALL CAUSES	-	-	-	1256.5	801.6	936.0	100.0	100.0	100.0
Heart Disease	1	1	1	454.6	299.2	364.6	36.2	37.3	39.0
Malignant Neoplasms	2	2	2	234.4	142.6	158.6	18.7	17.8	16.9
Vascular Lesions, C.N.S.	3	3	3	127.8	86.7	102.2	10.2	10.8	10.9
Cirrhosis of Liver	4	5	9	75.5	21.1	13.8	6.0	2.6	1.5
Accidents	5	4	4	62.6	55.4	55.5	5.0	6.9	5.9
Influenza and Pneumonia	6	6	5	36.3	20.7	28.4	2.9	2.6	3.0
Suicides	7	8	11	29.2	17.7	10.4	2.3	2.2	1.1
General Arteriosclerosis	8	9	7	24.6	14.5	19.0	2.0	1.8	2.0
Diseases of Early Infancy	9	7	6	19.0	20.8	24.4	1.5	2.6	2.6
Diabetes	10	11	8	18.9	11.0	17.3	1.5	1.4	1.8
Emphysema	11	10	10	17.8	13.0	12.1	1.4	1.6	1.3
Aortic Aneurysms	12	13	14	15.4	6.8	6.0	1.2	0.8	0.6

The table presents important causes of death for San Francisco, California and the United States during 1967, the figures for the latter two being provisional. Though the crude rates declined in all jurisdictions, they had the same three leading causes of death, viz., heart disease, cancer and vascular lesions of the central nervous system, with rates for San Francisco being higher in each instance. Cirrhosis was the fourth cause in San Francisco with a rate of 75.5, fifth in California and ninth in the United States. "Certain diseases of infancy" was the only cause among the first ten on the list with lower rates in San Francisco. Emphysema which was in eighth place in San Francisco now ranks eleventh.

STATISTICAL REPORT FOR THE 32nd WEEK ENDING AUGUST 9, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	2	7	0	326	371
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	0	7	0	95	275
GONORRHEA	286	186	78	7782	6080
HEPATITIS	22	28	1	517	294
INFLUENZA	0	1	0	3	32
MEASLES	0	9	0	33	486
MENINGOCOCCAL INF.	0	2	0	5	9

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	5	2	0	37	20
MUMPS	2	8	4	242	910
PERTUSSIS	0	2	0	6	10
SALMONELLOSIS	2	5	0	65	55
SHIGELLOSIS	0	5	1	20	39
STREP. INFECTION	0	4	0	45	97
SYPHILIS	18	27	14	583	715
TUBERCULOSIS	5	11	6	233	233

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	2
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	200	176
BIRTHS RECORDED FOR THE WEEK	299	255

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

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AUGUST 19, 1968

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SCHOOL AGAIN

San Francisco children will be going off to school soon again, some returning to the classroom and some just beginning their school experience. Starting to school marks the beginning of a new pattern of living for a child who is changing physically, mentally and emotionally. The more the child has felt secure in his family's love, learned to get along with others, shared in small responsibilities and learned to do some things on his own, the better he is emotionally prepared to enjoy and profit from his school experience.

The child in school also needs to be physically healthy in order to learn effectively, and his health supervision is primarily his parents' responsibility. The school situation brings increased exposure to colds and respiratory ailments and to other contagious diseases, particularly if this is the child's first experience away from home. It is important that parents keep themselves informed on the health status of the child in school and cooperate by responding to health recommendations made by the school nurse or physician. In this way health problems can be caught early before they have a chance to develop into serious conditions which may be difficult to correct.

The health problems offer opportunities for cooperative endeavor between parents and those responsible for the school health program. The school has responsibility to educate for safe and healthful living and to create and maintain a safe and healthful environment. In San Francisco, the Department of Public Health has responsibility for providing school health services, both medical and nursing. A public health nurse is assigned to each school to provide professional service as needed, as a part of the generalized Public Health nursing duties, working out of a district health center. Parents may phone the neighborhood Health Center for information and assistance in receiving health services for their children.

STATISTICAL REPORT FOR THE 33rd WEEK ENDING AUGUST 16, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	1	7	1	327	372
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	1	8	0	96	276
GONORRHEA	286	205	70	8068	6285
HEPATITIS, INF.	11	17	1	528	311
INFLUENZA	0	0	0	3	32
MEASLES	0	6	0	33	486
MENINGOCOCCAL INF.	0	2	0	5	9
MENINGITIS, OTHER	3	1	0	40	20
MUMPS	1	11	2	243	912
PERTUSSIS	0	0	0	6	10
SALMONELLOSIS	0	5	1	63	60
SHIGELLOSIS	0	7	0	20	46
STREP. INFECTION	4	8	2	49	99
SYPHILIS	24	33	12	607	736
TUBERCULOSIS	7	9	5	240	238

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	191	170
BIRTHS RECORDED FOR THE WEEK	290	318

August 26, 1968

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

AUGUST 26, 1968

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BIRTH AND DEATH RATES
UNITED STATES, CALIFORNIA AND 5 COUNTIES
1960 - 1967

BIRTH RATES*

YEAR	U.S.	CALIF.	ALAMEDA	CONTRA COSTA	MARIN	SAN FRANCISCO	SAN MATEO
1960	23.6	23.7	22.9	22.8	22.9	19.9	22.5
1961	23.4	23.2	22.9	22.3	21.8	19.8	21.8
1962	22.4	22.1	21.7	20.7	20.7	19.0	20.6
1963	21.6	21.5	21.5	19.5	19.3	18.5	19.7
1964	21.2	20.6	20.5	18.9	18.5	17.5	18.7
1965	19.4	18.9	18.5	17.7	17.1	16.4	17.6
1966	18.5	17.6	17.3	16.3	15.7	15.2	16.6
1967	17.9	17.2	16.7	15.9	15.5	15.1	15.9

DEATH RATES*

1960	9.5	8.6	9.3	6.3	7.2	13.3	6.5
1961	9.3	8.3	9.0	6.1	6.5	13.1	6.5
1962	9.5	8.2	8.9	5.9	6.8	13.1	6.5
1963	9.6	8.4	9.3	6.1	6.5	13.3	6.6
1964	9.4	8.3	9.1	6.0	6.7	12.7	6.6
1965	9.4	8.1	8.8	6.4	6.8	12.9	6.8
1966	9.5	8.2	9.0	6.1	6.5	13.2	6.9
1967	9.4	8.0	8.6	6.4	6.5	12.6	6.5

Although the birth rate in all jurisdictions shown above continued the downward trend that started in 1958, the rate of decrease slowed perceptibly. San Francisco's birth rate of 15.1 in 1967 was the lowest since 1941 when it was 13.4. Three of the five counties listed showed small increases in the number of births although the birth rate decreased.

There were 9,392 resident deaths, a decrease of 370 or 3.8% from 1966. The average age at death for men was 64.0 years, compared to 64.1 in 1966, 63.9 in 1965 and 64.0 in 1964. For women the average age was 68.8 years, higher than the 68.2 in 1966.

* Per 1,000 Population

STATISTICAL REPORT FOR THE 34th WEEK ENDING AUGUST 23, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	0	4	0	327	374
DIPHTHERIA	0	0	0	0	0
GERMAN MEASLES	0	5	0	96	277
GONORRHEA	259	170	72	8327	6455
HEPATITIS, INF.	23	21	2	551	332
INFLUENZA	0	0	0	3	32
MEASLES	0	7	0	33	486
MENINGOCOCCAL INF.	0	0	0	5	9

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	2	0	40	20
MUMPS	4	8	1	247	915
PERTUSSIS	1	0	0	7	10
SALMONELLOSIS	0	3	0	63	60
SHIGELLOSIS	0	3	0	20	49
STREP. INFECTION	0	7	0	49	99
SYPHILIS	20	40	12	627	759
TUBERCULOSIS	7	14	2	247	240

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	3
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	155	153
BIRTHS RECORDED FOR THE WEEK	320	260

3, 1968

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 3, 1968

CHILD HEALTH

The most common health problems of the school-age child are not those which threaten his life or send him to the hospital or even keep him out of school. There are, for instance, those children who eat too much, too little, or the wrong foods, who do not get enough sleep, who need to have their teeth filled or straightened; or who have posture defects or minor speech impairments and those who have emotional troubles which require help. Many of these remediable defects do not cause pain or even produce symptoms sufficiently important to require medical attention. Frequently, neither parent nor child is aware of these defects yet they may seriously interfere with the child's growth, development, education and, possibly his whole future.

The Health Department's school health services available to all school children, are designed to ensure that no child is deprived of needed medical attention through ignorance of the need for it. The emphasis is on directing children and their parents to their usual source of family medical care. During the 1967-1968 school year, 11,820 children received health examinations by departmental physicians; 35,009 had audio-metric tests; 49,994 were screened for defective vision and 138 cardiac examinations were made. Depending on the examination and the need for further observation or medical care, parents were assisted in obtaining private care, in being seen in a clinic, or if eligible, were referred to Crippled Children Services program.

The school health services are not only effective in removing handicaps which interfere with learning, but also develop wholesome health habits that will benefit the child throughout adult life. Parents can perform their role by keeping themselves informed on the child's health status and fulfilling the recommendations sent home by the school physician or nurse. This cooperative endeavor between the health department, the school, the parents and the family doctor will enable the child to make fullest use of his opportunities and potentialities for growth and develop into a sound and healthy adult.

STATISTICAL REPORT FOR THE 35th WEEK ENDING AUGUST 30, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967	CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	3	9	0	330	374	MENINGITIS, OTHER	3	2	0	43	21
DIPHTHERIA	0	0	0	0	0	MUMPS	1	20	1	248	927
GERMAN MEASLES	0	6	0	96	281	PERTUSSIS	0	3	0	7	13
GONORRHEA	248	165	80	8575	6608	SALMONELLOSIS	1	5	1	64	65
HEPATITIS, INF.	15	21	1	566	353	SHIGELLOSIS	3	3	0	23	49
INFLUENZA	0	2	0	3	32	STREP. INFECTION	0	2	0	49	101
MEASLES	0	5	0	33	486	SYPHILIS	9	24	12	636	771
MENINGOCOCCAL INF.	0	1	0	5	9	TUBERCULOSIS	9	17	2	256	242

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1968	1967
PNEUMONIA	1	DEATHS RECORDED FOR THE WEEK	166	164
TUBERCULOSIS	2	BIRTHS RECORDED FOR THE WEEK	249	263

Sept. 10, 1968

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR SEPTEMBER 10, 1968

INFLUENZA - IMMUNIZATION

Reports of a major outbreak of influenza in Hong Kong this Summer, involving approximately 300,000 individuals, has special meaning to us in San Francisco with our close ties to the Orient. This forcefully brings to our attention the coming influenza season and the need for protective immunization by portions of the population.

For a variety of reasons the U.S. Public Health Service Advisory Committee on Immunization Practices does not recommend routine vaccination of healthy groups of adults and children. It should not be administered to anyone sensitive to eggs, as the vaccine is grown on eggs. However, annual influenza immunization is considered valuable for those persons who would experience a high mortality rate if they were to get the disease. These would be:

1. Those who suffer from chronic cardiovascular, pulmonary, renal, or metabolic diseases. This would be particularly relevant to individuals residing in nursing homes and the like, as such living arrangements increase the risk of initial infection.

2. Those over 45 years of age, and particularly those over 65. It has been noted that people in these age groups suffer increased mortality.

In general, San Francisco's influenza season starts around the first of the year, and runs through April. Time is required after the actual injection of the vaccine to develop an adequate level of protective immunity. Therefore, immunization should be completed by the first of December. Suggested vaccination schedules to accomplish this would be:

Persons previously not vaccinated, or vaccinated prior to July 1963.

Optimal immunization is accomplished with 2 injections of vaccine - 2 months apart.

Persons vaccinated after July 1963. A single booster injection, best given in November or early December.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 36TH WEEK ENDING SEPTEMBER 6, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	1	11	0	331	374
GERMAN MEASLES	1	2	0	97	283
GONORRHEA	322	266	94	8897	6874
HEPATITIS, INF.	20	12	2	586	365
INFLUENZA	0	0	0	3	32
MEASLES	1	2	0	34	486
MENINGOCOCCAL INF.	0	2	0	5	9

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	0	0	43	21
MUMPS	1	6	0	249	933
PERTUSSIS	0	5	0	7	1[illegible]
SALMONELLOSIS	2	5	1	66	70
SHIGELLOSIS	0	3	0	23	52
SYPHILIS	28	26	5	664	797
TUBERCULOSIS	12	11	8	268	2[illegible]

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
POLIOMYELITIS (LATE EFFECTS)	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	171	141
BIRTHS RECORDED FOR THE WEEK	112	229

September 16, 1968

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR SEPTEMBER 16, 1968

GLASS DOOR HAZARDS

Extensive use of large plates of glass in modern construction has added immeasurably to the enjoyment and comfort of the home. Sliding doors have extended the dimensions of indoor-outdoor living. Shower doors and tub enclosures have replaced drippy shower curtains.

While these materials have brought new comfort and pleasure into the home, they have also introduced hazards which affect all age groups. The majority of those injured in the home by glass doors are children. Usually the injured individual is in his own home and hurrying from one place to another, or slips while showering. The extent of the injury depends on (1) the type of glass and (2) how rapidly the person is moving when he contacts the glass. A person moving at a normal rate of speed gets only a hard bump. Slightly more speed can result in glass breakage causing cuts to head, arms and legs. If movement is rapid, the glass breaks and splinters and the resultant glass needles may penetrate face, arms and abdomen. Most of the people who have died in these accidents have bled to death from such glass needles before help could arrive.

To prevent such accidents in the home, the following precautions should be observed:

1. Watch where you're going - never assume a glass door is open!
2. Train children not to play near glass panels.
3. Remove scatter rugs, toys, etc., from glass door areas.
4. Place decals or pressure tape on glass at adult and at child's eye level.
5. Place slip-proof strips on bottom of shower areas and place safety hand-grab bars on wall.
6. The best defense is to install safety glass.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 37TH WEEK ENDING SEPTEMBER 13, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	0	3	0	331	374
GERMAN MEASLES	0	4	0	97	283
GONORRHEA	189	211	55	9086	7085
HEPATITIS, INF.	14	11	2	600	376
INFLUENZA	0	1	0	3	33
MEASLES	0	4	0	34	486
MENINGOCOCCAL INF.	0	1	0	5	9

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	1	2	0	44	22
MUMPS	2	5	1	251	936
PERTUSSIS	1	2	0	8	18
SALMONELLOSIS	1	7	2	67	77
SHIGELLOSIS	0	2	0	23	53
SYPHILIS	15	30	9	679	818
TUBERCULOSIS	7	8	3	275	259

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	1
STREPTOCOCCAL MENINGITIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	157	190
BIRTHS RECORDED FOR THE WEEK	336	400

1968

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 23, 1968

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PINWORM DISEASE

It is estimated that approximately 20% of the general population is infected with pinworms - the rate being highest in school and pre-school age children and much lower in adults. As it is not a reportable disease, the Health Department has no specific figures as to incidence and prevalence of the disease in San Francisco. Nor has the Department been advised of any recent outbreaks in schools or comparable institutions.

The worm is small - 1/3 to 1/2 inch long - and can be found in the stool. The disease is usually mild with little or no symptoms. More severe infestations are associated with general irritability, itching between the buttocks, and local irritation from scratching.

The disease is transmitted by swallowing the egg which may have contaminated clothing, bedding, food, or other articles. Crowding is an important factor in transmission and therefore it is common practice to treat all members of the household simultaneously. Spread of the disease outside of the household is primarily by a child having the eggs on his fingers, as a result of scratching the infected perianal area, and by not thoroughly washing his hands after a bowel movement. The fingers transmit the egg to articles of play which may end up in another child's mouth, or by contaminating the second child's fingers which likewise end up in the mouth.

A parent should instill in his child sanitary toilet training followed by handwashing, and discourage placing articles in the mouth, including fingers. Under the doctor's control, treatment is relatively easy - but re-infection must be prevented if a "cure" is to be accomplished.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 38TH WEEK ENDING SEPTEMBER 20, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967	CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	0	9	1	331	375	MENINGITIS, OTHER	0	1	0	44	23
GERMAN MEASLES	0	4	0	97	285	MUMPS	2	28	3	253	941
GONORRHEA	278	204	59	9364	7289	PERTUSSIS	0	2	0	8	18
HEPATITIS, INF.	14	20	1	614	396	SALMONELLOSIS	2	7	0	69	77
INFLUENZA	0	2	0	3	33	SHIGELLOSIS	1	4	0	24	63
MEASLES	0	3	0	34	486	SYPHILIS	14	36	11	693	804
MENINGOCOCCAL INF.	0	2	0	5	9	TUBERCULOSIS	6	8	2	281	267

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1968	1967
HEPATITIS, SERUM	1	DEATHS RECORDED FOR THE WEEK	186	187
MENINGITIS, BASILAR	1			
PNEUMONIA	4	BIRTHS RECORDED FOR THE WEEK	290	282

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

SEPTEMBER 30, 1968

THE CENTER FOR SPECIAL PROBLEMS

The Center for Special Problems was developed from the former Adult Guidance Center which was the oldest alcoholism program in the Western states. Among the major features of the program at the Center are: (1) the handling in one context of all forms of drug abuse, e.g., alcohol, narcotics, marijuana, sedatives, stimulants, L.S.D.,; (2) the provision of a full range of public health services for sexual "deviants", criminals and drug abusers; and (3) the blending of clinical and research, criminologic and public health, new and old approaches. This program is administratively under the Community Mental Health Services Division of the San Francisco Health Department.

The Center is attempting to stress a broadly based, comprehensive public health approach to these problem areas, which will include treatment and rehabilitation on an outpatient basis, education and prevention, consultation, research and training. There are also two branches of the Center: the San Francisco Jail Clinic at San Bruno and the Hall of Justice, and social case work and counselling services to the "Tenderloin area" located at the Glide Memorial Church Foundation. All available treatment methods are being used singly and in combination, tailored to individual needs. This includes individual and group psychotherapy, medications, such as Antabuse and tranquilizers, casework services, occupational therapy, vocational counselling, etc.

It is hoped in the future to give increasing emphasis to public and professional health education and consultation in a manner that would help to prevent the development of the special problems being dealt with. Both short-term and long-term services will be provided, without regard to socio-economic class, ability to pay, or age. Information and treatment services to relatives and family members are being encouraged. Liaison and close working relationships have been established with most of the private and public agencies and organizations whose interests include the problems dealt with by the Center for Special Problems.

The Center is located at 2107 Van Ness Avenue (corner of Pacific Avenue) and is open on Mondays, Wednesdays, and Thursdays from 8:00 A.M. to 9:00 P.M., and on Tuesdays and Fridays from 8:00 AM. to 5:00 P.M. Inquiries for information or appointment may be made by calling 558-4801.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 39TH WEEK ENDING SEPTEMBER 27, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967	CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	0	5	0	331	379	MENINGITIS, OTHER	1	1	0	45	24
GERMAN MEASLES	1	3	1	98	286	MUMPS	1	9	2	254	943
GONORRHEA	379	294	85	9743	7583	PERTUSSIS	0	0	0	8	18
HEPATITIS, INF.	19	22	1	633	418	SALMONELLOSIS	5	13	3	74	84
INFLUENZA	0	2	0	3	33	SHIGELLOSIS	2	7	0	26	53
MEASLES	0	3	0	34	486	SYPHILIS	6	29	19	699	876
MENINGOCOCCAL INF.	0	1	0	5	9	TUBERCULOSIS	3	14	2	284	271

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:			1968	1967
PNEUMONIA	4	DEATHS RECORDED FOR THE WEEK	179	168
TUBERCULOSIS	1	BIRTHS RECORDED FOR THE WEEK	401	268

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 7, 1968

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ARTHRITIS

Almost thirteen million persons in the United States suffer from arthritis, the most common forms being rheumatoid arthritis and osteoarthritis. About one in four of the victims are restricted in their daily activities due to this disease. The prevalence rate at ages 45 to 65 is ten times that at ages under 45, and the rate at 65 and over is double that at midlife. Women are especially susceptible, the rate among them being nearly 80 percent higher than among men. Not often listed as a principal cause of death, arthritis frequently appears on death certificates as a contributory condition.

Older persons are needlessly stoical in the face of the discomforts of arthritis. Because the onset is frequently gradual, many, especially those with lower incomes, neglect to seek medical aid for this condition which they consider an inevitable consequence of growing older. As a result, neglect causes the disease to grow progressively worse. With early treatment, the possibility of complete recovery is strong and the likelihood of improvement and relief is almost certain.

Management of arthritis involves skilled medical supervision for a long time, not secret formulas, mystical devices, or other forms of quackery. The first thing required is to consult a physician before irreparable damage occurs. He will prescribe medications for the relief of pain and suggest a plan of living for the patient to follow. Perseverance in following the regimen is of the utmost importance. The physician has available to him all that medical science has to offer. When a cure is found, he will have it - and first.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 40TH WEEK ENDING OCTOBER 4, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967	CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	1	10	0	332	381	MENINGITIS, OTHER	0	2	0	45	24
GERMAN MEASLES	0	4	0	98	286	MUMPS	4	11	1	258	945
GONORRHEA	327	238	82	10070	7821	PERTUSSIS	0	1	0	3	18
HEPATITIS, INF.	15	10	1	647	428	SALMONELLOSIS	4	12	1	78	85
INFLUENZA	0	0	0	3	33	SHIGELLOSIS	0	2	0	26	54
MEASLES	0	7	0	34	486	SYPHILIS	35	24	17	734	897
MENINGOCOCCAL INF.	0	1	0	5	10	TUBERCULOSIS	9	16	7	293	282

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

MENINGOCOCCEMIA	1
PNEUMONIA	3
SYPHILIS	1
TUBERCULOSIS	2

	1968	1967
DEATHS RECORDED FOR THE WEEK	145	140
BIRTHS RECORDED FOR THE WEEK	424	403

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

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ELLIS D. SOX, M.D., DIRECTOR

OCTOBER 14, 1968

REFRIGERATOR ENTRAPMENT AND YOUNG CHILDREN

Discarded refrigerators, home freezers, and ice-boxes appeal to young children as attractive places in which they can play. They are shaped like a box with a cover. Children like to hide in such places. They come in handy especially for "hide and seek" games. Sometimes they can be used as "jails" in which a playmate can be imprisoned. Or they can be used to scare another child by pushing him into the refrigerator and refusing to let him out.

There is a sufficient air supply in these containers to keep a young child alive for only 10 to 15 minutes. If the refrigerator door can be released from the inside, the child can come out. But this is not always the case. More frequently, especially with the older type of refrigerator, the door must be released from the outside. And if no one is available to do this, the child dies from suffocation. Any time a young child is missing, a first place to look is in any discarded refrigerator, home freezer or other type of airless enclosure in the immediate vicinity of the home. Vacant houses, apartments and lots should be suspected immediately.

To protect children from refrigerator entrapment, a parent should:

A. "Child-proof" any refrigerator, freezer or ice-box before discarding it, by removing or fastening the door or lid in such a way that it cannot be opened by a child.

B. Report to the Health Department any stores or shops displaying refrigerators with doors on any sidewalk areas unattended by their employees.

C. Teach the Child:

a) That refrigerators or freezers, located in basements or near play areas are not playthings and why. (Particular attention should be paid to freezers that open from the top.)

b) To tell his parents of any discarded refrigerators, ice-boxes or freezers he sees in the neighborhood.

c) That it is very wrong, dangerous and forbidden to put another child in such an enclosure even in play or "make believe".

d) If he sees a child being pushed into a refrigerator, he should help him out immediately if he can, but to waste no time in reporting the incident to an adult.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 41ST WEEK ENDING OCTOBER 11, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	1	2	0	333	381
GERMAN MEASLES	2	2	0	100	287
GONORRHEA	305	210	83	10375	8031
HEPATITIS, INF.	20	8	1	666	436
INFLUENZA	0	3	0	3	33
MEASLES	0	5	0	34	487
MENINGOCOCCAL INF.	0	0	0	5	10

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	1	2	0	46	25
MUMPS	5	23	1	263	946
PERTUSSIS	0	1	0	8	19
SALMONELLOSIS	2	5	1	80	87
SHIGELLOSIS	1	7	0	27	56
SYPHILIS	15	23	14	749	911
TUBERCULOSIS	11	11	6	304	288

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	144	132
BIRTHS RECORDED FOR THE WEEK	309	309

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 21, 1968

SUICIDE

Suicide is the seventh leading cause of death in San Francisco and thereby constitutes a major public health problem. At present, attempted suicide is not reportable and a death is not usually attributed to suicide if there is any possibility of accidental cause.

The reasons most often given for attempting suicide are: (1) Ill-health; (2) Economic distress; (3) Loss of a loved one; (4) Domestic difficulties. The actual or true reasons are: (1) Immense anger which a person cannot admit to himself; (2) An immense self-depreciatiom. Behind these expressed motives can be found certain emotional attitudes and feelings of fear, inferiority, insecurity, hatred, guilt, and others. The final act of suicide often follows a long chain of contributory experiences.

Can preventive measures be taken to lessen the extent of this public health problem? A number of investigators have found that the easy availability of a helping person at the time of crisis can deter a suicidal act. It is best if such a person is a professional, but any level-headed individual can be of emergency help. Threat of suicide should always be taken seriously. There is a tragic misconception that people who say they are going to kill themselves never do. Quite the contrary is true; most people who commit suicide have warned others before of their intention. Women make more suicidal threats and gestures; men make higher percentage of successful attempts. A threat of suicide is always a reason for taking immediate action.

Follow-up measures are also important, since mere deterrence of the particular suicidal act does not mean that the period of risk is over. One such follow-up facility is the Health Department's Immediate Psychiatric Aid and Referral Center which sees nearly every person who is reported as an attempted suicide. Some of the patients seen continue in the Adult Psychiatric Clinic. Others are referred for care to agencies elsewhere in the city. A high percentage of the acute suicidal trend is effectively interrupted. The importance of calling upon professional psychiatric, psychological and social service specialists for the proper overall treatment of a potentially suicidal person cannot be overemphasized.

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STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 42ND WEEK ENDING OCTOBER 18, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	2	7	0	335	384
GERMAN MEASLES	2	2	0	102	288
GONORRHEA	269	219	86	10644	8250
HEPATITIS, INF.	19	17	4	685	453
INFLUENZA	0	0	0	3	33
MEASLES	1	3	0	35	488
MENINGOCOCCAL INF.	1	2	0	6	10

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	2	0	46	47
MUMPS	1	16	3	264	951
PERTUSSIS	0	1	0	8	19
SALMONELLOSIS	4	4	2	84	90
SHIGELLOSIS	1	3	1	28	59
SYPHILIS	17	32	11	766	943
TUBERCULOSIS	7	13	4	311	295

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

MENINGO-ENCEPHALITIS	1
PNEUMONIA	4
SEPSIS	1
SYPHILIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	200	192
BIRTHS RECORDED FOR THE WEEK	407	371

28/68

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 28, 1968

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AMBLYOPIA - LAZY EYE BLINDNESS

Lazy eye blindness or amblyopia is a visual defect which commences in childhood but is occasionally found in adults. The problem arises from a failure in learning to see. At birth, the infant starts learning to use both eyes together. Gradually, the images from both eyes overlap in his brain and when he has mastered this fusion of two images, he has fully developed vision. In a child with both eyes in normal condition, this process of training is usually mastered by age two.

If one eye is in any way weakened or impaired, the development of normal fusion does not take place. When the child attempts to fuse the image which comes through his good eye with the blurred one that comes through the weakened eye, he finds that he is having visual troubles. When he suppresses the image of his weak eye and uses only the good one, the image that comes through is much better. Consequently, he stops using the weakened eye and it fails to develop. The result is amblyopia. Having had no experience with full vision the child is not aware that he has a visual problem. There is nothing about the appearance of the child's eyes to suggest that they are not functioning properly; however certain kinds of behavior may be indicative.

If a child rubs his eyes excessively, shuts or covers one eye, tilts his head or thrusts it forward when he looks at something, frowns or blinks frequently, stumbles over small objects, or has difficulty playing games which require distance vision, the child should be examined by an eye physician immediately. If the examination reveals that the child does have amblyopia, the first step in treatment is to correct the basic defect in the weakened eye. Once that correction has been accomplished, the underdeveloped eye must be used fully so that it can catch up with its stronger partner. It may take time to strengthen the weak eye, but if treatment is started while the child is three or four years old, its chances of success are extremely good. Amblyopia does not get worse with the years, but neither does a child "outgrow it" without treatment. The child can be spared the limitations of partial blindness if his parents have the problem diagnosed and treated early.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 43RD WEEK ENDING OCTOBER 25, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967	CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	1	32	1	336	393	MENINGITIS, OTHER	0	2	0	46	38
GERMAN MEASLES	0	3	0	102	291	MUMPS	4	24	3	268	704
GONORRHEA	280	183	78	10924	8430	PERTUSSIS	0	0	0	8	19
HEPATITIS, INF.	20	10	3	705	460	SALMONELLOSIS	4	6	0	88	96
INFLUENZA	0	2	0	3	33	SHIGELLOSIS	1	2	0	29	59
MEASLES	0	5	0	34	488	SYPHILIS	14	27	20	780	963
MENINGOCOCCAL INF.	0	1	0	6	10	TUBERCULOSIS	11	20	6	322	301

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:			1968	1967
MENINGITIS, NON-EPIDEMIC	1	DEATHS RECORDED FOR THE WEEK	208	183
PNEUMONIA	6	BIRTHS RECORDED FOR THE WEEK	313	262

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

NOVEMBER 4, 1968

HEALTH QUACKERY

Health quackery is big business. Each year millions of dollars are spent and thousands of people die looking for short cuts to better health. The United States Public Health Service calls it "a leading public health problem."

Some of these "healers" despite overwhelming scientific proof to the contrary, maintain that all diseases have a single cause and that appendicitis, heart disease, and cancer, for example, can all be cured by a single method. To impress the credulous, many use fantastic devices with countless tubes and wires, shiny cylinders and complicated dials. Others advertise their individual nostrums as cure-alls, or have an "atomic treatment," a "radiation cure," a new diet or some other bizarre scheme with no basis in fact. These self-styled "doctors" prey on all, but those who are particularly vulnerable are the unfortunate group of desperate people who are incurably sick. Thriving on ignorance, they arouse false hope with their guaranteed cures. In many instances illness is actually prolonged in those who might otherwise be cured by a competent, qualified physician. Six indicators by which health quacks can be spotted are:

1. The "quack" uses a special or "secret" formula or machine that he claims can cure disease.
2. He promises a quick or easy cure.
3. He advertises, using "case histories" or testimonials to impress people.
4. He refuses to accept the long established methods of scientific research and proof. He refuses to acknowledge that only through true scientific research can cause of disease be determined, yet clamors constantly for "medical investigation" and recognition.
5. He claims medical men are persecuting him or that they are afraid of his competition.
6. He claims that his method of treatment is better than surgery, x-ray or drugs.

When in doubt, ask your family doctor or consult your County Medical Society. Knowledge is your best weapon against the quack.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 44TH WEEK ENDING NOVEMBER 1, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	2	11	1	338	399
GERMAN MEASLES	3	6	0	105	292
GONORRHEA	259	263	85	11183	8693
HEPATITIS, INF.	14	7	1	719	467
INFLUENZA	0	2	0	3	33
MEASLES	0	8	0	34	488
MENINGOCOCCAL INF.	0	2	0	6	10

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	2	5	0	48	29
MUMPS	3	25	3	271	965
PERTUSSIS	0	2	0	8	19
SALMONELLOSIS	8	4	0	96	96
SHIGELLOSIS	3	8	0	32	59
SYPHILIS	21	30	20	801	983
TUBERCULOSIS	20	20	5	342	321

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 4

	1968	1967
DEATHS RECORDED FOR THE WEEK	191	195
BIRTHS RECORDED FOR THE WEEK	280	248

NOVEMBER 12, 1968

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

NOVEMBER 12, 1968

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GAS HEATERS - A HAZARD OF COLDER WEATHER

A large part of the mortality from gas poisoning occurs in and about the home, and the highest toll occurs during the autumn and winter months. Carbon monoxide, the most common agent of accidental poisoning, is an insidious gas which one cannot see, taste nor smell; it, therefore, gives no warning of its presence. The mortality from this type of gas begins to rise sharply in October and reaches its peak in December or January. The increase in fatalities with the advent of colder weather results primarily from the greater use of gas heating appliances in homes, rooming-houses, motels and hotels. Unlighted gas jets that are unintentionally left open, or not tightly closed, or have been extinguished by wind, as well as faulty automatic controls in gas appliances and heaters are common sources of another type of poisoning in which the gas displaces the air, resulting in suffocation.

The law requires that all gas heaters be vented to the outside by connection to a flue or chimney. They must be of an approved type, properly installed by licensed persons under permit and inspection of local government. If a gas appliance gives any indication of not working properly, it should be turned off immediately and a gas appliance expert called in.

The Department of Public Health urges all residents of San Francisco to check their gas appliances now for improper venting and faulty connections. And even if properly installed, the observance of safety rules in the use of gas appliances is necessary to prevent carbon monoxide poisoning, fire and explosion. The following simple preventive measures are recommended:

1. Use only properly vented and legally installed gas heaters and appliances.
2. Provide for ventilation by always keeping a window at least slightly open.
3. Place space heaters away from furniture, drapes and clothing and make them inaccessible to children.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 45TH WEEK ENDING NOVEMBER 8, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	2	8	1	340	400
GERMAN MEASLES	0	6	0	105	293
GONORRHEA	257	211	77	11440	8904
HEPATITIS, INF.	8	21	3	727	488
INFLUENZA	0	1	0	3	33
MEASLES	0	4	0	34	488
MENINGOCOCCAL INF.	0	0	0	6	10

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	2	0	48	29
MUMPS	5	38	2	276	972
PERTUSSIS	0	1	0	8	19
SALMONELLOSIS	4	6	1	100	99
SHIGELLOSIS	1	3	0	33	62
SYPHILIS	12	23	13	813	996
TUBERCULOSIS	15	11	9	357	331

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	2
SARCOIDOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	179	184
BIRTHS RECORDED FOR THE WEEK	253	362

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR NOVEMBER 18, 1968

THE BABY SITTER AND CHILD PROTECTION

One of the customs of our American way of life is the widespread use of baby sitting services. As the family unit has gradually contracted, with grandparents and other family members maintaining separate living quarters, more and more parents have called in outsiders to "sit" with the children. In spite of this general practice, many parents are uneasy about leaving their children. They ask themselves --what if there is an emergency? Is there anything we can do to insure the safety of our children? This concern is real since statistics show that during 1965, 37.5% accidental deaths to San Francisco children under five years of age occurred in the home. These figures serve to emphasize the importance of supervision not only on the part of parents but of others including baby sitters who have custody of children. What are some of the things that parents can do to help baby sitters observe proper protective measures? Both written and verbal instruction should include:

(1) Where the parents will be, when they will be back, and how they can be reached.
(2) Phone numbers of the doctor, fire and police departments, the Emergency Hospital service and a neighbor's phone.
(3) The location of first aid supplies and how the sitter should treat a slight cut or burn.
(4) Safety reminders children most frequently need; stay away from stoves, stairs, windows, etc.
(5) Keep scissors, pins, matches, medicines, poisons and other dangerous objects out of the child's reach.
(6) Use stove and other gas or electric appliances in a safe manner.
(7) NEVER LEAVE A CHILD IN THE BATHTUB WHILE ANSWERING THE TELEPHONE OR DOORBELL.
(8) KNOW WHO, IF ANYONE, SHOULD BE ADMITTED IN THE HOUSE DURING THE PARENT'S ABSENCE.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 46TH WEEK ENDING NOVEMBER 15, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	1	24	1	341	401
GERMAN MEASLES	1	5	0	106	294
GONORRHEA	196	277	84	11636	9181
HEPATITIS, INF.	15	21	2	742	496
INFLUENZA	0	2	0	3	34
MEASLES	0	7	0	34	490
MENINGOCOCCAL INF.	0	1	0	6	10

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	1	2	0	49	30
MUMPS	16	29	3	292	970
PERTUSSIS	2	3	0	10	19
SALMONELLOSIS	3	6	1	103	105
SHIGELLOSIS	0	5	0	33	62
SYPHILIS	18	22	16	831	1018
TUBERCULOSIS	13	12	3	370	339

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

BACTERIAL MENINGITIS	1
MENINGITIS, NON-MENINGOCOCCAL	1
PNEUMONIA	4

	1968	1967
DEATHS RECORDED FOR THE WEEK	176	174
BIRTHS RECORDED FOR THE WEEK	301	337

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

NOVEMBER 25, 1968

LEADING CAUSES OF DEATHS FOR SAN FRANCISCO WHITES, NEGROES AND CHINESE WITH ORDER AND RATE PER 100,000 POPULATION, 1967

	WHITE		NEGRO		CHINESE	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
ALL CAUSES	8207	1442.9	668	688.7	351	735.8
Heart Diseases	3104	545.7	159	163.9	109	228.5
Malignant Neoplasms	1542	271.1	101	104.1	77	161.4
Vascular Lesions, CNS	817	143.6	65	67.0	45	94.3
Cirrhosis of the Liver	494	86.8	48	49.5	9	18.9
Accidents	375	65.9	61	62.9	13	27.3
Influenza & Pneumonia	223	39.2	27	27.8	15	31.4
Suicides	198	34.8	6	6.2	8	16.8
Arteriosclerosis	173	30.4	6	6.2	2	4.2
Emphysema	119	20.9	5	5.2	7	14.7
Diabetes	112	19.7	19	19.6	8	16.8
Aortic Aneurysms	108	19.0	1	1.0	5	10.5
Other Circulatory Diseases	108	19.0	22	22.7	4	8.4
Diseases of Early Infancy	90	15.8	40	41.2	7	14.7
Ulcers, Stomach & Duodenum	60	10.5	-	-	3	6.3
Hernia & Intestinal Obstr.	57	10.0	2	2.1	1	2.1

Race - specific rates for the first 15 leading causes of death in San Francisco in 1967 offer clues to health problems among ethnic groups. The first three causes were the same for all groups, though rates were highest for whites and lowest for Negroes. Death rates for Negroes were highest for other circulatory and early infancy diseases and comparatively low for suicides, emphysema, aortic aneurysms and ulcers. Whites had the highest rates for the other 13 causes of death. Chinese rates were noticeably lower for cirrhosis of the liver, accidents and other circulatory diseases. There were 73 deaths of Filipinos, 63 deaths of Japanese, 14 deaths of American Indians and 16 additional non-white deaths for a totel of 166. The "other non-white" death rate was 488.2 per 100,000.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 47TH WEEK ENDING NOVEMBER 22, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	3	16	2	344	403
GERMAN MEASLES	3	5	0	109	294
GONORRHEA	262	207	77	11898	9388
HEPATITIS, INF.	25	7	1	767	502
INFLUENZA	0	0	0	3	34
MEASLES	0	7	1	34	492
MENINGOCOCCAL INF.	0	0	0	6	10
MENINGITIS, OTHER	0	2	0	49	30
MUMPS	5	19	6	297	985
PERTUSSIS	0	1	0	10	20
SALMONELLOSIS	3	6	0	106	108
SHIGELLOSIS	0	2	0	33	63
SYPHILIS	10	29	16	841	1034
TUBERCULOSIS	6	12	3	376	345

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 8

	1968	1967
DEATHS RECORDED FOR THE WEEK	232	150
BIRTHS RECORDED FOR THE WEEK	322	247

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

DECEMBER 2, 1968

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DEATH REGISTRY

Registration of deaths in San Francisco is a function of the Health Department under direction of the Office of the State Registrar in Sacramento. Death certificates must be filed with the Local Registrar who in San Francisco is the Director of Public Health.

The Death Registry is located in the Central Office at 101 Grove Street where certified copies of death certificates for all deaths occurring in San Francisco may be obtained. Since the Local Registrar acts as the agent of the State, original certificates are transmitted to Sacramento.

The physician's chief responsibility in death registration is to complete the medical part of the certificate and deliver it to the funeral director within 15 hours after death. Deaths due to external causes, or occurring without medical attendance, are referred to the Coroner who completes the medical part of the certificate. The funeral director is responsible for obtaining all other required information and filing the certificate with the Local Registrar.

A death certificate is a legally recorded statement and may be used for claiming life insurance, pensions, or settling estates. It provides facts about the deceased such as the cause and circumstances of death, interment, evidence as to age, sex, race and genealogical information. It provides data for public health uses, such as the incidence of specific causes of death, planning the control of communicable diseases, investigating the occurrence of fatal accidents, establishing the need for health programs, and helping to measure their effectiveness.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 48TH WEEK ENDING NOVEMBER 29,1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	LOW	TO DATE 1968	1967	CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	LOW	TO DATE 1968	1967
CHICKENPOX	3	13	0	347	403	MENINGITIS, OTHER	2	2	0	51	31
GERMAN MEASLES	0	5	1	109	299	MUMPS	5	22	8	302	933
GONORRHEA	319	309	86	12217	9697	PERTUSSIS	0	1	0	10	20
HEPATITIS, INF.	9	6	1	776	508	SALMONELLOSIS	1	6	0	107	109
INFLUENZA	0	0	0	3	34	SHIGELLOSIS	0	2	1	33	65
MEASLES	0	7	1	34	496	SYPHILIS	22	22	11	863	1052
MENINGOCOCCAL INF.	0	1	0	6	10	TUBERCULOSIS	4	12	4	380	357

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	6

	1968	1967
DEATHS RECORDED FOR THE WEEK	136	193
BIRTHS RECORDED FOR THE WEEK	207	222

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR DECEMBER 9, 1968

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HOLIDAY TRAFFIC HAZARDS

During 1967, 143 persons were killed and 9,973 were injured in traffic accidents in San Francisco. Of the 143 deaths, 52 persons (36%) were pedestrians; of the 9,973 persons injured, 1,495 (15%) were pedestrians. Pedestrians were disproportionately high in the number of deaths from traffic accidents, which peaked in December. Approximately one-half of the pedestrians killed in motor vehicle accidents last year were 65 years of age or older.

December is the most hazardous month for traffic accidents. Christmas shopping and the closing of schools for vacation which add to the traffic on street and highway, inclement weather, reduced visibility and an increase in parties and social drinking all contribute to traffic hazards at this season of the year. This combination of factors emphasizes the need for increased vigilance. Everyone must protect himself, but, in addition, be especially careful of those, both young and old, who may be less able to watch out for their own safety. The following cautions should be observed during the coming weeks:

Darkness:

Driver - When you drive.darkness is a signal to slow down and to increase vigilance.

Pedestrian - When you walk,remember that motorists may not see you in the dark so proceed cautiously and stay alert and wear or carry something light-colored. Cross streets in pedestrian lanes, and cross on green or walk signals only.

Drinking:

Driver - Don't get behind the wheel of a car if you've been drinking. "If you drive, don't drink, -- if you drink, don't drive", is a good motto, particularly during the holiday season.

Pedestrian - Ask a sober friend to help you cross the street with the signals and within the pedestrian lanes.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 49TH WEEK ENDING DECEMBER 6, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	LOW	TO DATE 1968	1967
CHICKENPOX	3	58	3	350	406
GERMAN MEASLES	0	6	2	109	302
GONORRHEA	289	163	50	12506	9803
HEPATITIS, INF.	16	9	4	792	515
INFLUENZA	1	0	0	4	34
MEASLES	0	8	0	34	496
MENINGOCOCCAL INF.	0	3	0	6	10

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	LOW	TO DATE 1968	1967
MENINGITIS, OTHER	1	4	0	52	35
MUMPS	10	45	6	312	1003
PERTUSSIS	0	0	0	10	20
SALMONELLOSIS	5	6	0	112	112
SHIGELLOSIS	6	2	0	39	66
SYPHILIS	18	21	12	881	1064
TUBERCULOSIS	5	18	7	382	368

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	7

	1968	1967
DEATHS RECORDED FOR THE WEEK	225	215
BIRTHS RECORDED FOR THE WEEK	242	320

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR DECEMBER 16, 1968

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IMPORTANT CAUSES OF DEATH BY SEX, SAN FRANCISCO RESIDENTS, 1967

	MALE			FEMALE		
	NUMBER	RATE*	PERCENT	NUMBER	RATE*	PERCENT
ALL CAUSES	5399	1461.6	100.0	3993	1056.1	100.0
Heart Disease	1946	526.8	36.0	1450	383.5	36.3
Malignant Neoplasms	949	256.9	17.6	803	212.4	20.1
Vascular Lesions of C.N.S.	438	118.6	8.1	517	136.7	12.9
Cirrhosis of the Liver	398	107.7	7.4	166	43.9	4.2
Accidents	314	85.0	5.8	154	40.7	3.9
Influenza and Pneumonia	172	46.6	3.2	99	26.2	2.5
Suicides	128	34.7	2.4	90	23.8	2.3
Emphysema	107	29.0	2.0	26	6.9	0.7
Arteriosclerosis	91	24.6	1.7	93	24.6	2.3
Diseases of Early Infancy	89	24.1	1.6	53	14.0	1.3
Aortic Aneurysms	84	22.7	1.6	31	8.2	0.8
Diabetes	71	19.2	1.3	70	18.5	1.8
Homicides	55	14.9	1.0	20	5.3	0.5
Ulcers, Stomach and Duodenum	48	13.0	0.9	18	4.8	0.5
Congenital Malformations	31	8.4	0.6	28	7.4	0.7
Tuberculosis	30	8.1	0.6	8	2.1	0.2
All Other	448	121.3	8.3	367	97.1	9.2

* Per 100,000 Population

This table presents the usual picture of higher death rates for males for every cause except vascular lesions of the central nervous system. The overall rate for males decreased to 14.6 per 1,000 population in 1967 from 15.1 in 1966, while the rate for females went down to 10.6 from 11.3. The first six causes had the same rank order for each sex.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 50TH WEEK ENDING DECEMBER 13, 1968

ASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
HICKENPOX	1	39	2	351	409
ERMAN MEASLES	1	14	1	110	303
ONORRHEA	254	313	126	12760	10116
EPATITIS, INF.	11	13	1	803	528
NFLUENZA	4	2	0	8	34
EASLES	0	39	0	34	496
ENINGOCOCCAL INF.	0	1	0	6	10

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	3	0	52	38
MUMPS	16	41	7	328	1010
PERTUSSIS	2	3	0	12	20
SALMONELLOSIS	3	4	0	115	114
SHIGELLOSIS	4	4	0	43	66
SYPHILIS	19	20	12	899	1082
TUBERCULOSIS	8	26	3	390	372

EATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

INFLUENZA	1
PNEUMONIA	5
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	203	176
BIRTHS RECORDED FOR THE WEEK	211	297

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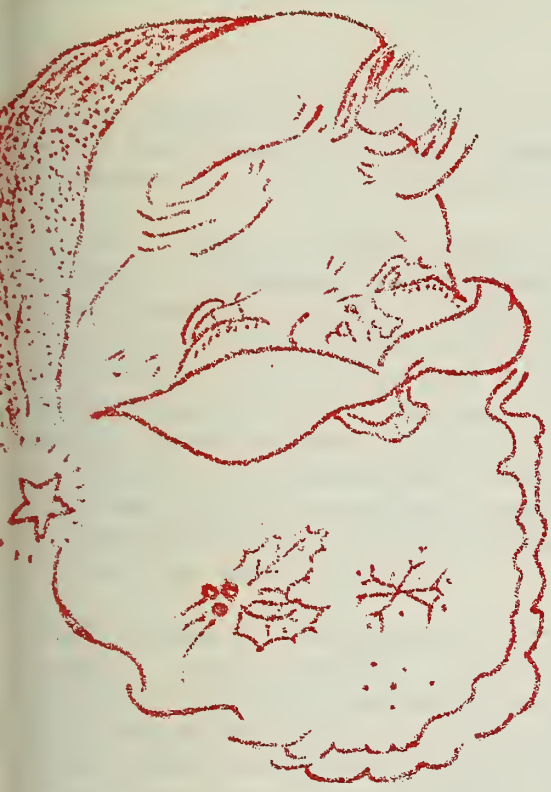
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

S D. SOX, M.D., DIRECTOR DECEMBER 23, 1968



A MERRY CHRISTMAS and a HEALTHY and HAPPY NEW YEAR!

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From the employees of the
San Francisco Department of Public Health

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 51ST WEEK ENDING DECEMBER 20, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	0	12	2	351	411
GERMAN MEASLES	0	7	0	110	304
GONORRHEA	359	357	84	13119	10473
HEPATITIS, INF.	8	13	1	811	541
INFLUENZA	10	0	0	18	34
MEASLES	0	6	0	34	496
MENINGOCOCCAL INF.	2	2	0	8	10

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
MENINGITIS, OTHER	0	1	0	52	39
MUMPS	3	29	2	331	1039
PERTUSSIS	0	0	0	12	20
SALMONELLOSIS	4	4	1	119	118
SHIGELLOSIS	3	2	1	46	67
SYPHILIS	28	23	14	927	1096
TUBERCULOSIS	9	10	3	399	375

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

BOECK'S SARCOID	1
MENINGOCOCCEMIA	1
PNEUMONIA	9
TUBERCULOSIS	1

	1968	1967
DEATHS RECORDED FOR THE WEEK	237	211
BIRTHS RECORDED FOR THE WEEK	315	273

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 30, 1968

TUBERCULOSIS

Modern scientific methods for the detection and treatment of tuberculosis have reduced the fears of this disease, once called "The Great White Plague", yet San Francisco continues to experience its presence as a major public health problem.

In 1967, 385 new active cases were reported and 38 deaths were attributed to this disease. The number of individuals dying of tuberculosis, whose deaths were due to other causes was 215. While these rates are high for most cities of this size, they are not unexpected considering that San Francisco is a major metropolitan seaport city. It is attractive to immigrants from all over the world, especially those immigrant ethnic groups in whom tuberculosis is most prevalent. These people tend to crowd in areas of the city where they have common racial and cultural characteristics, and since many have been previously infected, they present continuing problems in tuberculosis control. Special chest clinics are maintained by the Health Department in these districts as a part of the control program necessary to protect the public health.

Tuberculosis is insidious in its onset and may present few or no symptoms. Night sweats, loss of weight, and cough are early symptoms, but seldom seem important enough to be called to the doctor's attention. More serious symptoms develop as the disease progresses, and it is more frequently at this stage that a physician is first consulted. The diagnosis is made by a physical examination, tuberculin test, chest X-ray, and sputum examination. It is required by law that all active cases shall be reported to the health authorities. This initiates a study of household and environmental contacts to find others who may have acquired the disease from the reported case, or from whom the patient may have acquired the disease. Multiple chest X-ray survey units maintained throughout the city, and an on-going tuberculin testing program in the schools, aids in early detection. Treatment is best initiated in a hospital. Special chemotherapeutic medications should be taken regularly as prescribed, because these drugs will result in the satisfactory treatment in 96% or more of newly diagnosed tuberculosis. Prolonged outpatient treatment and observation insures against relapse and reactivation.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 52ND WEEK ENDING DECEMBER 27, 1968

CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967	CASES REPORTED:	FOR THE WEEK	1963-67 RANGE HIGH	1963-67 RANGE LOW	TO DATE 1968	TO DATE 1967
CHICKENPOX	1	17	2	352	413	MENINGITIS, OTHER	0	1	0	52	40
GERMAN MEASLES	0	25	0	110	307	MUMPS	0	10	3	331	1042
GONORRHEA	246	226	93	13365	10699	PERTUSSIS	0	2	0	12	23
HEPATITIS, INF.	8	11	2	819	552	SALMONELLOSIS	2	3	1	121	119
INFLUENZA	3	1	0	21	34	SHIGELLOSIS	2	2	1	48	69
MEASLES	0	6	0	34	496	SYPHILIS	7	22	11	934	1107
MENINGOCOCCAL INF.	0	2	0	8	11	TUBERCULOSIS	10	26	4	409	385

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:			1968	1967
PNEUMONIA	9	DEATHS RECORDED FOR THE WEEK	195	162
VIRAL HEPATITIS	1	BIRTHS RECORDED FOR THE WEEK	165	213

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JANUARY 6, 1969

GREETINGS AND BEST WISHES FOR 1969

The 3700 employees of the San Francisco Department of Public Health extend their best wishes to their employers - the citizenry of the City and County of San Francisco - for a healthful and happy 1969. As we look back on 1968, we find that the people of San Francisco have enjoyed reasonably good health, and that thus far we have escaped an epidemic of Hong Kong influenza, though there appears to be some rise in influenza-like diseases. The year was marked by a leveling in the incidence of tuberculosis, a disease which, however, is not yet conquered. As the result of immunization against measles, we had during the past year only about 35 cases as compared with almost 500 cases in 1967. We are concerned, however, about the marked increase in the incidence of gonorrhea, which was up almost 30% above 1967.

Work is progressing toward the beginning of the construction of the new San Francisco General Hospital, the first spade of dirt to be turned before the end of this fiscal year, and the moving into the new Hospital anticipated within four years. We intend to continue the utilization of more beds at Laguna Honda Hospital to make this an outstanding center for rehabilitation and chronic hospitalization, and we anticipate moving into a brand new health center being constructed over the eastern entrance of the Broadway Tunnel.

In the field of mental health, we look with pride upon the fact that the number of persons committed to State hospitals is the lowest in our history and proportionately one of the lowest in the State. We look forward to 1969 as the beginning of a new era in providing mental health services by contractual relationships with a consortium of hospitals and other agencies in the Western Addition - a brand new approach in this field.

The Department, through its employees and through contractual relationship with the University of California School of Medicine and contracts with private mental health agencies, through its effective utilization of thousands of volunteers in the general health services and in our institutional services, with the outstanding cooperation of the Health Advisory Board and the Mental Health Advisory Board, and with the cooperation of the Chief Administrative Officer, Mr. Thomas J. Mellon and the staff of the office of Mayor Joseph L. Alioto, the Board of Supervisors and the many departments of City Government, we feel has served the people of San Francisco well. We will attempt to continue to meet the needs of the people of San Francisco in 1969.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 1ST WEEK ENDING JANUARY 3, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	1	22	2	1	2
GERMAN MEASLES	0	3	0	0	2
GONORRHEA	204	185	53	204	185
HEPATITIS, INF.	10	10	1	10	10
INFLUENZA	1	1	0	1	0
MEASLES	0	13	0	0	0
MENINGOCOCCAL INF.	0	3	0	0	[illegible]

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	1	0	0	[illegible]
MUMPS	7	17	1	7	[illegible]
PERTUSSIS	0	0	0	0	[illegible]
SALMONELLOSIS	3	3	0	3	[illegible]
SHIGELLOSIS	2	2	0	2	[illegible]
SYPHILIS	11	25	9	11	[illegible]
TUBERCULOSIS	3	13	3	3	[illegible]

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
INFLUENZA	2
PNEUMONIA	7
SARCOIDOSIS	1
TUBERCULOSIS	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	222	179
BIRTHS RECORDED FOR THE WEEK	176	239

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JANUARY 13, 1969

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1968 PROVISIONAL ESTIMATES OF RECORDED BIRTHS AND DEATHS IN SAN FRANCISCO

	BY OCCURRENCE IN SAN FRANCISCO	
	1968 PROVISIONAL	1967 FINAL
LIVE BIRTHS	15,000	15,552
DEATHS	9,600	9,611
DEATHS UNDER 1 YEAR	290	345
NEONATAL DEATHS (UNDER 28 DAYS)	230	251
MATERNAL DEATHS	4	2
FETAL DEATHS	200	204
SOME IMPORTANT CAUSES OF DEATH BY OCCURRENCE		
HEART DISEASE	3,100	3,286
CANCER	2,200	2,088
VASCULAR LESIONS OF C.N.S.	900	853
CIRRHOSIS OF THE LIVER	540	596
ACCIDENTS	420	441
SUICIDES	250	235
INFLUENZA AND PNEUMONIA	200	212
CERTAIN DISEASES OF EARLY INFANCY	190	207
DIABETES	120	139
AORTIC ANEURYSMS	130	138
EMPHYSEMA	125	133
GENERAL ARTERIOSCLEROSIS	120	125
CONGENITAL MALFORMATIONS	130	117
ULCERS OF STOMACH AND DUODENUM	70	76
HOMICIDES	100	78

Again in 1968, as in each year since the high of 20,804 in 1961, the number of recorded births probably will be smaller than in the preceding year. The number and percent of non-resident births also are declining. The number in 1968 may not be more than 4,600 or 30% of the total births. This compares with 31% in 1967 and 32% in 1966.

About 18% of recorded deaths will be non-resident. As in other years, the highest proportion (more than one-half) of non-resident deaths by cause was for congenital malformations. About 34% of the deaths coded to certain diseases of early infancy, 31% of the aortic aneurysms, 27% of the cancers, 23% of the accidents and 21% of the suicides and homicides were non-residents.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 2ND WEEK ENDING JANUARY 10, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	2	40	5	3	15
GERMAN MEASLES	0	12	0	0	3
GONORRHEA	235	268	74	439	453
HEPATITIS, INF.	18	12	2	28	22
INFLUENZA	9	2	0	10	0
MEASLES	0	10	0	0	0
MENINGOCOCCAL INF.	1	0	0	1	0

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	2	0	0	2
MUMPS	6	44	9	13	43
PERTUSSIS	0	1	0	0	0
SALMONELLOSIS	2	6	0	5	5
SYPHILIS	17	25	6	28	24
TUBERCULOSIS	5	12	2	8	9
SHIGELLOSIS	2	5	0	4	2

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
INFLUENZA	2
PNEUMONIA	15
SYPHILIS	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	262	238
BIRTHS RECORDED FOR THE WEEK	397	270

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JANUARY 20, 1969

CONVULSIVE STATES (SEIZURES-EPILEPSY)

Convulsive seizures occur from many causes. The term epilepsy, formerly used for these seizures, now has an undesirable and often inaccurate connotation of mental deficiency. In the organic type of seizures, structural or biochemical defects can be demonstrated. In the idiopathic types, no physical factors can be identified. Persons with convulsive states may show disordered electroencephalograms (electrical current brain patterns), but all such persons do not show this finding.

At the present time, there is no evidence of a constant or specific physical finding in the brains of persons suffering from convulsive seizures. The genetic or hereditary factor is also variable or unclear. Any of the five major types of seizures may occur alone or in combinations with other types, or may change over a period of time. The frequency and severity of attacks varies. Present medical treatment can produce complete or significant control in 75% of patients for many types of seizures. Those with controlled or infrequent attacks can be expected to live normal, productive lives.

As seizures are usually accompanied by sudden lapses of consciousness and periods of amnesia, they pose a serious traffic hazard. This is a reportable disease, by California law, and physicians must report all "convulsive disorders" to the local health department. These are defined as "any seizure occurring in a patient 14 years or older, with 2 or more occurrences, one or more of them in the last three years, of lapse of consciousness or epidsode of marked confusion, produced by a condition which can cause such lapse or episode." The State Health Department reports these individuals to the Department of Motor Vehicles, who, after an investigation, rules on the advisability of permitting the patient a full or limited driver's license. The law defines this Confidential Morbidity Report as "not a breach of confidence" by the physician.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 3RD WEEK ENDING JANUARY 17, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	7	76	3	10	20
GERMAN MEASLES	0	7	0	0	8
GONORRHEA	191	254	95	630	707
HEPATITIS, VIRAL	26	16	1	67	47
INFLUENZA	9	3	0	19	1
MEASLES	0	12	1	0	1
MENINGOCOCCAL INF.	0	1	0	1	0

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	1	1	0	1	2
MUMPS	5	59	6	18	49
PERTUSSIS	0	3	0	0	0
SALMONELLOSIS	1	4	0	6	5
SHIGELLOSIS	0	3	0	4	2
SYPHILIS	4	27	8	32	32
TUBERCULOSIS	8	14	3	16	15

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

INFLUENZA	1
MENINGITIS, PNEUMOCOCCIC	1
PNEUMONIA	15

	1969	1968
DEATHS RECORDED FOR THE WEEK	249	202
BIRTHS RECORDED FOR THE WEEK	441	292

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

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ELLIS D. SOX, M.D., DIRECTOR

JANUARY 27, 1969

1968 - ANOTHER YEAR OF INCREASING VD

Reported Civilian Cases of Venereal Disease
San Francisco - 1955-1968

	1955	- 1958	- 1961	- 1964	1965	1966	1967	1968
Gonorrhea	1797	2428	3845	5815	7359	8703	12,581	15,588
Syphilis	350	683	1346	1547	1376	1425	1,661	1,410

In 1968 San Francisco continued in the national and local trend of the past 12 - 14 years of an increasing venereal disease rate. The number of cases of syphilis peaked about 5-6 years ago and has remained fairly level since. Considering the great increase in reported gonorrhea, it is tempting to accept the absence of a similar rise in syphilis cases as a success. It isn't, particularly when one considers the major outpouring of effort which has only produced this absence of increase, certainly not a definite reversal of the number of reported cases.

San Francisco's increasing gonorrhea rate far exceeds the national upward trend. While the average rate in the other cities of over 200,000 increased 36% in the past 5 years, San Francisco's rate increased 181%, ranking us second nationally.

There are numerous factors contributing to this "epidemic" situation, many of which are completely unrelated to medical practices. However, there is a health problem and the Health Department is concerned. One approach in remedying the problem is to publicize the latest venereal disease diagnostic, treatment and other control measures. An attempt at this is being made through a graduate course for physicians to be offered by the University of California Extension in March, 1969, entitled Office Management of Venereal Disease.

The Department is forced to move its Venereal Disease Clinic as a result of the South of Market redevelopment program. This will offer an opportunity to design a more convenient, attractive and efficient facility to better serve this expanding community problem.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 4TH WEEK ENDING JANUARY 24, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	LOW	TO DATE 1969	1968
CHICKENPOX	3	30	4	13	24
GERMAN MEASLES	2	8	4	2	14
GONORRHEA	244	261	85	874	968
HEPATITIS, VIRAL	15	22	1	82	69
INFLUENZA	1	0	0	20	1
MEASLES	0	15	9	0	10
MENINGOCOCCAL INF.	2	1	0	3	0

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	LOW	TO DATE 1969	1968
MENINGITIS, OTHER	1	1	0	2	3
MUMPS	4	25	9	22	60
PERTUSSIS	0	1	0	0	0
SALMONELLOSIS	1	3	0	7	5
SHIGELLOSIS	0	3	0	4	2
SYPHILIS	21	28	15	53	60
TUBERCULOSIS	7	20	3	23	22

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

INFLUENZA	3
PNEUMONIA	7

	1969	1968
DEATHS RECORDED FOR THE WEEK	194	211
BIRTHS RECORDED FOR THE WEEK	400	243

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — FEBRUARY 3, 1969

JOIN THE "SMILE-IN"

Sponsored by the dental profession, the 21st National Children's Dental Health Week is urging parents and children to "Join the Smile-in" for good dental health. The 1969 observance is scheduled from February 2 through February 8. The purpose is to focus public attention on the need for improving the dental health of the nation's youth. It is important for parents to help their children establish good dental health habits, so that these habits will carry over into adult life. While dental disease is widespread, it is controllable. The solution to the problem lies in prevention, through education and the application of scientific knowledge.

For good dental health, children should be taught to observe the following three basic rules (Parents should remember that children are taught by example as well as words):

(1) Use a toothbrush right after eating. Bacteria in the mouth act on sugars and carbohydrates to form acids. Brushing immediately after eating helps to remove food particles before acids can be formed to cause decay. If brushing is impossible, a thorough rinsing with water is the next best thing.

(2) Cut down on sweets. This is not as easy as "taking candy away from a baby"! Yet, we know that mouth bacteria act on sugars to produce acids and subsequent decay. If sweets are eaten, the teeth should be brushed as soon as possible.

(3) See the dentist regularly. A child should make his first visit to the dentist between two and three years of age. Continued visits at regular intervals will permit the dentist to discover the beginning signs of decay or other troublesome conditions which can be treated most successfully if discovered early.

In addition to the observance of these rules by the individual, the community can take an important step to promote dental health. Scientists have discovered that children who drink water containing minute amounts of fluoride from infancy develop fewer cavities than those who do not. Some communities have naturally fluoridated water; many others have added fluoride to the water supply. San Francisco started fluoridating its water in 1952 and our children have been benefiting from this safe and effective preventive measure for over 16 years.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 5TH WEEK ENDING JANUARY 31, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	0	29	2	13	50
GERMAN MEASLES	2	22	2	4	19
GONORRHEA	359	151	104	1233	1119
HEPATITIS, VIRAL	34	14	1	116	83
INFLUENZA	1	1	0	21	2
MEASLES	1	48	2	1	14
MENINGOCOCCAL INF.	0	1	0	3	1

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	4	0	2	7
MUMPS	2	89	10	24	71
PERTUSSIS	0	0	0	0	0
SALMONELLOSIS	2	2	0	9	6
SHIGELLOSIS	0	3	0	4	2
SYPHILIS	14	23	16	67	83
TUBERCULOSIS	5	11	5	28	27

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

HEPATITIS, VIRAL	1
PNEUMONIA	6
TUBERCULOSIS	2

	1969	1968
DEATHS RECORDED FOR THE WEEK	189	182
BIRTHS RECORDED FOR THE WEEK	323	332

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — FEBRUARY 10, 1969

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THE COMMON COLD

The common cold causes more untold misery to millions of sufferers, more absences from school and work than all other illnesses combined. Although not serious in itself, this acute respiratory disorder may be followed by such complications as sinusitis, ear trouble, pneumonia and even ailments of graver nature. However, most of these secondary infections are avoidable.

Colds are not due to changes in the weather, drafts, or getting one's feet wet. Colds are infectious diseases caused by any one of a number of viruses. The cold virus floats in the air where it has been expelled by the coughs and sneezes of infected individuals.

To protect against getting a cold, one should avoid close contact with others who have colds - but this is not always possible. The best protection is to build up the body's defenses with the proper foods, sufficient rest and the daily practice of good health habits.

To help the infected person protect himself and others, public health and other physicians make these recommendations:

1 - Go to bed and rest. Avoid getting chilled.
Eat light, well balanced meals and drink plenty of liquids.

2 - Don't blow the nose forcefully. This forces the infection into the sinuses and ears. It is better just to sniffle.
Cover the mouth, preferably with disposable tissue, when coughing or sneezing.

3 - There is no drug yet known that successfully treats or even shortens the course of a cold. However, some medicines may lessen discomfort.

4 - Call the family doctor if fever, aches, or a racking cough persists for more than twenty-four hours. Get medical care at once if a cough produces rust-colored mucus from the lungs, or if chills occur. These are danger signals.

Everyone has his own special remedy for a cold which he will invariably endeavor to induce you to try. But, if you stick to the few simple principles outlined above, you will suffer less and get better sooner.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 6TH WEEK ENDING FEBRUARY 8, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	6	78	4	19	54
GERMAN MEASLES	0	7	2	4	21
GONORRHEA	232	242	76	1465	1361
HEPATITIS, VIRAL	16	19	1	132	102
INFLUENZA	0	1	0	21	3
MEASLES	1	25	0	2	14
MENINGOCOCCAL INF.	0	2	0	3	1

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	1	0	2	7
MUMPS	1	48	5	25	76
PERTUSSIS	0	2	0	0	0
SALMONELLOSIS	0	2	0	9	8
SHIGELLOSIS	1	1	0	5	3
SYPHILIS	9	33	15	76	101
TUBERCULOSIS	9	9	2	37	35

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

HEPATITIS, VIRAL	1
PNEUMONIA	7
TUBERCULOSIS	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	213	209
BIRTHS RECORDED FOR THE WEEK	223	341

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — FEBRUARY 17, 1969

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DEATHS FROM CARDIOVASCULAR-RENAL DISEASES, San Francisco Residents, 1967

	TOTAL		MALE		FEMALE	
	NUMBER	RATE PER 100,000	NUMBER	RATE PER 100,000	NUMBER	RATE PER 100,000
TOTAL, ALL CAUSES OF DEATH	9,392	1256.5	5,399	1461.6	3,993	1056.1
CARDIOVASCULAR-RENAL DISEASES	4,830	646.2	2,659	719.8	2,171	574.2
Vascular lesions of C.N.S.	955	127.8	438	118.6	517	136.7
Rheumatic fever	2	0.3	1	0.3	1	0.3
Diseases of the Heart	3,396	454.3	1,946	526.8	1,450	383.5
Chronic rheumatic heart	88	11.8	36	9.7	52	13.8
Arteriosclerotic heart disease	685	91.6	344	93.1	341	90.2
Heart disease specified as involving coronary arteries	2,073	277.3	1,291	349.5	782	206.8
Chronic endo & myocarditis	237	31.7	113	30.6	124	32.8
Other diseases of heart	86	11.5	48	13.0	38	10.0
Hypertension with heart	227	30.4	114	30.9	113	29.9
Hypertension without mention of heart disease	39	5.2	20	5.4	19	5.0
General arteriosclerosis	184	24.6	91	24.6	93	24.6
Aortic aneurysms	115	15.4	84	22.7	31	8.2
Other circulatory diseases	96	12.8	56	15.2	40	10.6
Nephritis, chronic & unspecified	43	5.8	23	6.2	20	5.3

Deaths due to diseases of the heart, blood vessels and the kidneys were responsible for more deaths in San Francisco in 1967 than all other diseases put together; they caused 49% of the male deaths and 54% of the female deaths. Rates for the diseases included in this group were higher for males than for females, except for vascular lesions of the central nervous system, chronic rheumatic heart disease and chronic endocarditis and myocarditis. Although these diseases are generally associated with the aging process, other factors such as high blood pressure, obesity, diet and cigarette smoking can be controlled to help prolong life. Everyone over 40 should have an annual checkup by his family physician for early detection of these diseases, consult him without delay when symptoms such as pain in the chest, shortness of breath, or swelling of feet or ankles appear, and then follow his orders faithfully. REMEMBER HEART SUNDAY, FEBRUARY 16!!

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 7TH WEEK ENDING FEBRUARY 14, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	6	46	5	25	59
GERMAN MEASLES	4	15	1	8	22
GONORRHEA	316	235	97	1781	1596
HEPATITIS, VIRAL	14	22	1	146	124
INFLUENZA	3	2	0	24	3
MEASLES	1	17	1	3	15
MENINGOCOCCAL INF.	0	2	0	3	1
MENINGITIS, OTHER	0	1	0	2	8
MUMPS	2	33	8	27	84
PERTUSSIS	0	3	0	3	0
SALMONELLOSIS	2	2	0	11	10
SHIGELLOSIS	5	2	0	10	[illegible]
SYPHILIS	4	27	13	80	128
TUBERCULOSIS	8	15	8	45	48

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	10
TUBERCULOSIS	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	195	197
BIRTHS RECORDED FOR THE WEEK	246	277

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — FEBRUARY 24, 1969

FALLS AND THE ELDERLY

In 1967 there were 124 accidental deaths to San Francisco residents as the result of falls. Of this number, 58, or nearly one-half, of the deaths occurred to people who were 65 years of age and over. The estimated population for this age group was 98,400 or only 13% of the total San Francisco population.

Surveys reveal that falls happen most frequently when the individual is engaged in some routine activity in or about the home. About one in every three of these accidents occurs on stairs and one in every six when the elderly person is merely walking about the home on the same level. The remainder are due to falls from chairs, ladders, porches and beds. Some of these accidents result in death. Many more result in injuries requiring long periods of hospitalization and home care, the cost of which frequently must be borne by the family or by the community.

Certain characteristics resulting from the aging process affect the accident pattern and are important as part of the accident potential. For example, as hearing and vision become impaired, and reflexes become slower, or coordination becomes faulty, there is more exposure to hazards and less ability to protect oneself. In addition, there may be physical weakness and disability due to arteriosclerosis, diabetes, arthritis, heart trouble or partial paralysis, all of which contribute to the accident syndrome.

It is characteristic of the elderly person to cling to established habits and ways of living, and to resent what he may consider an exaggerated concern for his physical impairments. Accordingly, he resists "growing old gracefully". Nevertheless, an awareness of the limitations of age and the need for adequate safeguards is essential, if serious accidents are to be avoided. A clear and even pathway along the usual routes in and about the home is a primary accident preventive, and scatter rugs or highly polished floors must be avoided. Attention should be given to the installation of handrails or similar supports where needed, and to proper illumination, particularly over staircases. A periodic check of potential hazards in and about the home, plus provision of safeguards where they will do the most good, will not only add years to the lives of our aged, but also enable them to grow old comfortably as well as gracefully.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 8TH WEEK ENDING FEBRUARY 21, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	7	67	7	32	73
GERMAN MEASLES	2	23	1	10	23
GONORRHEA	302	166	93	2083	1762
HEPATITIS, VIRAL	13	17	3	159	141
INFLUENZA	0	33	0	24	3
MEASLES	0	57	0	3	15
MENINGOCOCCAL INF.	0	1	0	3	1

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	2	1	0	4	8
MUMPS	7	107	4	34	112
PERTUSSIS	0	2	0	0	0
SALMONELLOSIS	5	3	1	16	10
SHIGELLOSIS	5	2	0	15	3
SYPHILIS	30	26	16	110	145
TUBERCULOSIS	6	10	3	51	51

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

ENCEPHALITIS, VIRAL	1
MENINGITIS, PNEUMOCOCCAL	2
PNEUMONIA	7
SYPHILIS	1
TUBERCULOSIS	2

	1969	1968
DEATHS RECORDED FOR THE WEEK	248	174
BIRTHS RECORDED FOR THE WEEK	383	181

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MARCH 3, 1969

DOCUMENTS

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DEATH RATES PER 100,000 POPULATION FOR CIRRHOSIS OF THE LIVER BY AGE, SEX AND ETHNIC GROUP

San Francisco Residents, 1967

AGE GROUP	TOTAL			WHITE			NONWHITE		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
TOTAL ALL AGES	75.5	107.7	43.9	86.8	122.7	53.2	39.2	63.8	11.8
25 - 34	12.2	17.3	6.8	9.9	13.5	6.0	20.1	32.6	9.3
35 - 44	87.6	135.2	44.4	76.2	104.8	50.7	129.5	242.1	20.4
45 - 54	164.7	224.7	104.2	197.9	287.8	121.3	66.9	88.1	31.6
55 - 64	191.2	292.0	91.5	218.3	353.8	101.2	76.5	102.6	30.3
65 - 74	168.0	229.7	114.4	174.0	240.3	119.0	117.6	158.0	66.7
75 Plus	54.8	79.5	35.7	53.1	71.4	38.9	74.1	181.8	-

For the past 3 years, cirrhosis of the liver has been the fourth leading cause of death among San Francisco residents. It has outranked accidents since 1965 and accounted for 6% of all deaths in 1967. When age-and-sex-specific rates are further broken down into white and nonwhite groups, interesting differences appear. Rates for the youngest and oldest age groups are based on small numbers of cases, and in the oldest age group on a small population and by chance alone are subject to great variation. The table shows unequivocally that males in each age group have higher rates than females. Many of the cirrhotic deaths are related to excessive ingestion of alcohol over a long period of time, usually associated with a poor diet. The highest death rate due to cirrhosis of the liver for white males is age group 55 - 64 and for white females is ten years younger. It is noteworthy that the highest rate for nonwhite persons is among males in the 35 - 44 age group.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 9TH WEEK ENDING FEBRUARY 28, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	1	63	7	33	84
GERMAN MEASLES	2	13	1	12	29
GONORRHEA	281	236	73	2364	1998
HEPATITIS, VIRAL	26	36	0	185	177
INFLUENZA	0	27	0	24	3
MEASLES	0	34	3	3	18
MENINGOCOCCAL INF.	0	5	0	3	1

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	1	0	4	8
MUMPS	3	44	6	37	130
PERTUSSIS	0	3	0	0	0
SALMONELLOSIS	2	2	1	18	11
SHIGELLOSIS	5	2	0	20	3
SYPHILIS	18	22	4	128	162
TUBERCULOSIS	9	12	3	60	58

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	12
TUBERCULOSIS	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	216	224
BIRTHS RECORDED FOR THE WEEK	368	260

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MARCH 10, 1969

VIRAL HEPATITIS

Viral hepatitis, which includes both the infectious and serum types, has shown a recent rapid rise in San Francisco, from 204 cases in 1966 to over 1200 in 1968. Some of these may be due to better recognition, but many additional unreported cases undoubtedly occur, which would increase the total and are sources of both unreported and reported cases. The epidemiology is not yet fully clarified, and specific chemical tests or effective vaccines have not yet been developed. The disease, in both forms, may range from mild to fatal. Recovery may be rapid, or may require prolonged convalescence; residual liver damage may remain, contributing to chronic illness. Although both types of the disease may produce similar symptoms, the mode of transmission is different, and the courses vary.

Infectious hepatitis has a shorter incubation period, ranging from two to seven weeks, from exposure until development of symptoms. This form of hepatitis is known to be spread by fecal contamination of food, particularly among close household contacts. However, possibility of transmission by nose and throat discharges is not entirely ruled out. A patient may transmit the infection to a contact as long as one week before developing the symptoms that identify the disease. This makes control extremely difficult. Basic sanitary measures and general cleanliness may help control spread of the food-borne infection.

Serum hepatitis is transmitted through blood or blood products, formerly more commonly at the time of blood transfusions, or through ineffectively sterilized needles and surgical instruments. The most common method now is probably a hypodermic needle shared by persons taking narcotics or other drugs. The virus is extremely resistant to ordinary sterilization technics, requiring 30 minutes in boiling water for destruction. In this form of the disease, the incubation period is usually 80 to 100 days, and the course may be generally more severe.

Prevention is unsatisfactory, since active immunization, as for smallpox and polio, is not now possible. The chances of developing infectious hepatitis after exposure to a household contact can be considerably reduced by preventive injection of gamma globulin, if used within a maximum of two weeks after exposure to the virus. This may diminish or prevent development of the symptoms, although it does not prevent the viral infection. Gamma globulin has no apparent protective effect against the virus of serum hepatitis.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 10TH WEEK ENDING MARCH 7, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	13	35	8	46	92
GERMAN MEASLES	2	43	3	14	32
GONORRHEA	286	178	96	2650	2176
HEPATITIS, VIRAL	22	25	2	207	202
INFLUENZA	1	11	0	25	3
MEASLES	2	59	2	5	20
MENINGOCOCCAL INF.	0	1	0	3	1

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	1	0	4	8
MUMPS	2	38	11	39	141
PERTUSSIS	1	2	0	1	0
SALMONELLOSIS	3	3	1	21	14
SHIGELLOSIS	2	3	0	22	4
SYPHILIS	21	23	13	149	180
TUBERCULOSIS	10	14	9	70	69

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

INFLUENZA	1
MENINGITIS, PNEUMOCOCCAL	1
PNEUMONIA	5
SYPHILIS	1
TUBERCULOSIS	2

	1969	1968
DEATHS RECORDED FOR THE WEEK	221	184
BIRTHS RECORDED FOR THE WEEK	251	400

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MARCH 17, 1969

SAN FRANCISCO EMERGENCY HOSPITAL REPORT, 1968

EMERGENCY HOSPITAL	AMBULANCE CALLS	ADMISSIONS	DISPOSITION OF CASES: DISCHARGED TO HOME	DISPOSITION OF CASES: TRANSFERRED TO HOSPITALS	DISPOSITION OF CASES: DECEASED
Central	14,819	19,149	16,141	2,921	87
Harbor	7,015	8,596	6,986	1,532	78
Mission	6,630	70,157	57,431	12,608	118
Alemany	4,607	15,231	13,872	1,320	39
Park	6,050	14,283	12,428	1,827	28
TOTAL	39,191	127,416	106,858	20,208	350

In San Francisco, the provision of emergency ambulance service and emergency medical and surgical care is a responsibility of the Department of Public Health. Our Emergency Hospital Service was begun in the year 1876 and has developed into one of the best emergency services in the United States. Each year more than 100,000 persons are treated through five district hospitals. The ambulance calls, admissions and disposition of cases are shown in the table above.

The Emergency Hospital Service does not attempt to supplant or substitute for private medical care but is essentially a liaison service between an accident or medical emergency and permanent care. Treatment given is of an immediate emergency nature and is meant only to care for the patient until medical care from his own physician can be obtained. To this extent the emergency service supplements the private physician and protects the patient temporarily until he can see his own doctor or be seen at a clinic or other facility. At the same time, San Franciscans and their guests are assured of immediate care by one of the physicians in these hospitals at any hour of the day or night.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 11TH WEEK ENDING MARCH 14, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	4	51	1	50	112
GERMAN MEASLES	3	25	4	17	36
GONORRHEA	260	214	92	2910	2387
HEPATITIS, VIRAL	18	18	3	225	220
INFLUENZA	0	1	0	25	3
MEASLES	0	34	1	5	21
MENINGOCOCCAL INF.	0	2	0	3	1

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	1	0	4	5
MUMPS	9	67	10	48	156
PERTUSSIS	0	[illegible]	[illegible]	1	[illegible]
SALMONELLOSIS	6	1	[illegible]	27	14
SHIGELLOSIS	6	2	[illegible]	28	[illegible]
SYPHILIS	15	27	9	164	[illegible]
TUBERCULOSIS	20	13	5	90	77

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

COCCIDIOIDOMYCOSIS	1
PNEUMONIA	5

	1969	1968
DEATHS RECORDED FOR THE WEEK	222	176
BIRTHS RECORDED FOR THE WEEK	381	352

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MARCH 24, 1969

SERVICES FOR CRIPPLED CHILDREN

The Crippled Children Services (CCS) of the Department of Public Health provides medical care and rehabilitation services for physically handicapped children from birth to age twenty-one years, for specified chronic illnesses or defects which require long-term care and the involvement of a team of medical specialists. Most conditions which can be corrected by medical and surgical treatment are included. New conditions are added in keeping with advances in medical practice. Diagnostic service is available regardless of family income for a suspected eligible condition in a child. Treatment services for this condition may be given after the Crippled Children Services' social worker has determined that the family qualifies in accordance with standards now uniform throughout the State of California, and which essentially decide that the family is unable to finance part or all the necessary care.

All diagnosis and treatment is given by specialists in private offices and hospitals. The family physician may be involved in the child's care in cooperation with the specialist. Children under Medi-Cal, i.e., under the California Medical Assistance Program, suspected of a CCS eligible condition must be referred to the Crippled Children Services Program for medical service related to this condition. The present caseload in the San Francisco Crippled Children Services consists of about 1,800 active cases. During the fiscal year '67-'68 the expenditure for these children was about $500,000.00, which came from both County and State funds.

CCS eligible conditions are as follows:
1. Orthopedic defects due to congenital malformation, injury or infection: examples - cerebral palsy and paralysis following polio or accidents. 2. Birth defects where immediate treatment is needed in the neonatal period to save the baby's life. 3. Defects needing plastic reconstruction: Examples - cleft lip and palate, some abnormalities of the bladder, disfiguring burn scars, severe skin tumors and "birthmarks". 4. Orthodontic defects requiring reconstruction. 5. Ear defects leading to loss of hearing. 6. Eye defects leading to loss of vision. 7. Heart defects - congenital or rheumatic heart disease. 8. Defects of the genito-urinary system, congenital and acquired deformities, including kidney disease and tumors. 9. Others: Cystic fibrosis, hemophilia, nephrosis and inborn errors of metabolism, such as phenylketonuria.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 12TH WEEK ENDING MARCH 21, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	3	39	9	53	122
GERMAN MEASLES	5	28	0	22	36
GONORRHEA	302	245	84	3212	2620
HEPATITIS, VIRAL	12	23	4	237	243
INFLUENZA	0	1	0	25	3
MEASLES	1	36	3	6	34
MENINGOCOCCAL INF.	0	1	0	3	1

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	0	0	4	8
MUMPS	3	40	5	51	161
PERTUSSIS	0	0	0	1	0
SALMONELLOSIS	4	3	0	31	14
SHIGELLOSIS	3	2	0	31	4
SYPHILIS	20	27	8	184	197
TUBERCULOSIS	5	13	4	95	90

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

INFLUENZA	1
PNEUMONIA	3

	1969	1968
DEATHS RECORDED FOR THE WEEK	201	184
BIRTHS RECORDED FOR THE WEEK	269	325

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 31, 1969

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HEALTH OF THE AGING

Public health has long been concerned with the child and his health needs and "child hygiene" programs have been provided for many years. The other end of the age spectrum has not received much thought until recent years. But, today, San Francisco is a city of older people, as there has been a gradual increase in the proportion of residents in the older age groups. In 1910, 20.3% of our population was 45 years of age and over. In 1960 this figure had increased to 39.5%. During this 50 year span, the 65 years and over age group increased from 3.8% in 1910 to 12.6% in 1960. By way of comparison, the 1960 figures for this age group were 9.2% for the United States and 8.8% for California. It is anticipated that the 65 and over group will comprise 20% of our population in 1980 and 28% in the year 2000.

While we have the opportunity and there is increasing necessity to concern ourselves with health problems of the aging, we are in a similar position with respect to our knowledge of these problems, as we were 50 years ago in regard to the problems of child health. The problems that concern each are complex and varied.

Aging is a life-long process, and the older we become the more the reserve strength of the individual is decreased. In other words, older people are likely to use more hospital days per year than younger people. The aged do not die of communicable diseases, but they do die in increasing numbers of chronic diseases, or acute manifestations of diseases to which, because of their low reserve, they are more susceptible.

Though our people are now entering mid-life in a better state of health than did their parents, nevertheless we must be increasingly concerned with the detection of degenerative conditions early enough so they can be treated effectively. We must provide the needed facilities for early diagnosis, treatment and rehabilitation and do what we can to assist elderly people in enjoying life. Because aging presents economic, social, educational and financial problems as well as health and medical problems, the aid of all community agencies and resources must be enlisted. It is a community as well as a public responsibility to make the years of later life happier and more productive for the individual and more useful to society.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 13TH WEEK ENDING MARCH 28, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	7	28	8	60	130
GERMAN MEASLES	3	41	4	25	40
GONORRHEA	263	245	64	3475	2865
HEPATITIS, VIRAL	29	18	2	266	261
INFLUENZA	0	3	0	25	3
MEASLES	0	55	1	6	35
MENINGOCOCCAL INF.	0	1	0	3	2

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	1	2	0	5	10
MUMPS	0	52	1	51	162
PERTUSSIS	0	4	0	1	1
SALMONELLOSIS	4	7	0	35	16
SYPHILIS	16	23	12	200	218
SHIGELLOSIS	6	3	0	37	7
TUBERCULOSIS	6	12	3	101	95

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	5
SYPHILIS	1
TUBERCULOSIS	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	184	177
BIRTHS RECORDED FOR THE WEEK	302	245

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 7, 1969

CANCER DEATHS, SAN FRANCISCO RESIDENTS, 1967

	NUMBER	RATE PER 100,000 ESTIMATED POPULATION
TOTAL	1,752	234.4
Digestive Organs	557	74.5
Respiratory System	340	45.5
Genital Organs	204	27.3
Breast	162	21.7
Leukemia and Lymphatic Tissues	157	21.0
Urinary Organs	90	12.0
Buccal Cavity and Pharynx	52	7.0
Other and Unspecified Sites	190	25.4

In 1967 cancer continued to be the second leading cause of death in San Francisco as in California and the United States. Although it is chiefly a disease of the middle-aged and elderly, it was second only to accidents as a cause of death among those 5-14 years of age. It even exceeded heart disease in the 45-54 year age group. Today the prognosis for cancer patients is improving steadily even though no one specific "cause" for most cancers and no drug cure has been found. Early diagnosis and treatment such as surgery, radiation, chemotherapy, hormones and radioactive substances have proved valuable in halting progress of some types of cancers, lessening pain and increasing chances of survival. Every one should be familiar with the seven danger signals of cancer calling for medical attention.

NOTE: APRIL IS CANCER CONTROL MONTH

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 14TH WEEK ENDING APRIL 4, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	1	57	17	61	177
GERMAN MEASLES	29	43	3	54	43
GONORRHEA	223	270	69	3698	3135
HEPATITIS, VIRAL	15	32	3	280	293
INFLUENZA	0	3	0	25	3
MEASLES	0	48	2	6	27
MENINGOCOCCAL INF.	1	3	0	4	2

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	1	0	5	11
MUMPS	1	69	1	52	169
PERTUSSIS	0	2	0	1	1
SALMONELLOSIS	0	2	0	35	17
SHIGELLOSIS	0	5	0	37	7
SYPHILIS	13	22	12	212	234
TUBERCULOSIS	5	11	4	106	102

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 7

	1969	1968
DEATHS RECORDED FOR THE WEEK	209	184
BIRTHS RECORDED FOR THE WEEK	232	225

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 14, 1969

APR 14 1969

GOOD NUTRITION

The week of April 13 - 19, 1969, has been designated Good Nutrition Week. Public Health Nutritionists are more concerned with what foods people purchase rather than how much money they spend on food. Their primary concern is to see that everyone is supplied each day with the right amount of the necessary proteins, fats, carbohydrates, minerals and vitamins. Without these basic nutrients, the body will lack the energy for its growth, repair and daily activities, and extended deficiencies can result in specific diseases. The food we need daily to supply these essentials are:

Bread and cereal group: Four or more servings of whole grain or enriched bread or cereal; one slice of bread; three-fourths cups of cooked cereal or one ounce of ready-to-eat cereal, is a serving.

Meat group: Two or more servings of meat, fish, eggs, poultry, dry beans, peas or peanut butter.

Vegetables and fruit group: Four or more servings every day. Include those rich in Vitamin A and Vitamin C, such as carrots, broccoli, oranges, grapefruit, tomatoes and potatoes.

Milk group: Two glasses or more are needed daily. Substitutions can be made by using cheese, ice cream and other milk made foods.

The amounts of food needed differ with family members depending upon age and activity. Except for the fact that less calories are required, older men and women need the same amount of nutrients as children and young adults. Active men and women require more energy which can be obtained from an extra serving of bread, cereals and fats. (But the other dietary essentials must be included first). Teenagers, both girls and boys, require proteins, vitamins, and minerals to support their rapid growth. Little children need finger foods, mild flavors and a chance for slow introduction to new foods.

A small amount of money spent wisely can buy better nutrition than a large amount spent carelessly. But the less money there is to spend, the more carefully we must plan, buy and prepare food in order to have everything we need for good nutrition.

OPEN HOUSE!! HEALTH CENTER #3 1525 Silver Ave.
EVERYONE WELCOME! THURSDAY, APRIL 17 3 - 7 P.M.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 15TH WEEK ENDING APRIL 11, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	0	53	2	61	179
GERMAN MEASLES	2	46	5	56	48
GONORRHEA	261	233	80	3959	3368
HEPATITIS, VIRAL	24	13	3	304	306
INFLUENZA	0	9	0	25	3
MEASLES	0	66	0	6	27
MENINGOCOCCAL INF.	1	0	0	5	2

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	1	0	5	11
MUMPS	1	39	2	53	175
PERTUSSIS	0	0	0	1	1
SALMONELLOSIS	1	3	1	36	19
SHIGELLOSIS	4	7	2	41	9
SYPHILIS	17	29	16	229	250
TUBERCULOSIS	7	18	5	113	107

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
MENINGOCOCCEMIA	1
PNEUMONIA	8

	1969	1968
DEATHS RECORDED FOR THE WEEK	167	164
BIRTHS RECORDED FOR THE WEEK	288	273

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

APRIL 21, 1969

ACCIDENTAL DEATHS OF SAN FRANCISCO RESIDENTS, 1967

AGE GROUP AND TYPE OF ACCIDENT	TOTAL	UNDER 5	5-14	15-24	25-44	45-64	65 & Over
TOTAL	468	24	23	54	106	131	130
Motor Vehicle	143	3	4	35	39	34	28
Falls	124	4	1	3	18	40	58
Fire	44	3	8	3	9	9	12
Poisoning	39	1	-	3	16	13	6
Suffocation	34	8	-	-	5	12	9
Drowning	28	3	5	5	7	6	2
Firearms	7	-	2	4	1	-	-
All Other	49	2	3	1	11	17	15
Home Accidents (Included in above figures)	171	19	11	6	31	51	53

Five percent of the deaths in San Francisco in 1967 were caused by accidents of all types; they were the 5th leading cause of death. Nearly 31% of the accidental deaths were caused by motor vehicles; 36% of these were to pedestrians. Falls, second most frequent cause, accounted for about 27% of the deaths and of these 52% happened at home. Well more than one-third of all accidental deaths took place in the home. Accidents caused 52% of the deaths in age group 5 - 14 years and 43% of those 15 - 24 years of age.

Fortunately not many accidents result in fatalities but their cost in loss of wages, medical expense, cost of insurance, and property damage is astronomical.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 16TH WEEK ENDING APRIL 18, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	1	55	4	62	183
GERMAN MEASLES	7	28	1	63	49
GONORRHEA	249	226	70	4208	3594
HEPATITIS, VIRAL	26	14	3	330	320
INFLUENZA	0	4	0	25	3
MEASLES	1	58	1	7	28
MENINGOCOCCAL INF.	0	1	0	5	3

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	1	0	5	1[illegible]
MUMPS	0	41	1	53	176
PERTUSSIS	0	2	0	1	[illegible]
SALMONELLOSIS	0	4	0	36	21
SHIGELLOSIS	1	2	0	42	10
SYPHILIS	21	20	14	250	269
TUBERCULOSIS	5	14	4	118	121

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 6

	1969	1968
DEATHS RECORDED FOR THE WEEK	160	183
BIRTHS RECORDED FOR THE WEEK	243	322

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 28, 1969

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PINWORM DISEASE

It is estimated that approximately 20% of the general population is infected with pinworms - the rate being highest in school and pre-school aged children and much lower in adults. As it is not a reportable disease, the Health Department has no specific figures as to incidence and prevalence in San Francisco. No recent outbreaks in schools or comparable institutions have been reported.

The worm is small - 1/3 to 1/2 inch long - and can be found in the stool. The disease is usually mild, with little or no symptoms. More severe infestations are associated with general irritability, itching between the buttocks, and local irritation from scratching. The disease is acquired by swallowing the egg of the worm, which may have contaminated clothing, bedding, food, children's toys, or other articles. A common method of spread outside the household is from a child's contaminated fingers, (as a result of scratching the infested perianal area) to another child's fingers or toys taken into the mouth. Parents should teach their children sanitary toilet habits, including careful handwashing, and should discourage them from placing articles or fingers in the mouth.

Treatment is not difficult, but re-infection is easy, unless rigid care is taken to follow medical directions for sanitary precautions in the household. Crowding is an important factor in transmission and therefore it is common practice to treat all members of the household simultaneously.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 17TH WEEK ENDING APRIL 25, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	12	35	12	74	195
GERMAN MEASLES	9	54	2	72	51
GONORRHEA	281	206	77	4488	3800
HEPATITIS, VIRAL	25	23	4	355	343
INFLUENZA	0	0	0	25	3
MEASLES	6	72	1	13	29
MENINGOCOCCAL INF.	0	1	0	5	3

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	2	0	5	11
MUMPS	3	55	5	56	181
PERTUSSIS	0	2	0	1	1
SALMONELLOSIS	0	2	0	36	23
SHIGELLOSIS	3	3	0	45	10
SYPHILIS	21	27	14	271	289
TUBERCULOSIS	2	13	8	120	132

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

ILEOCOLITIS 1

	1969	1968
DEATHS RECORDED FOR THE WEEK	167	162
BIRTHS RECORDED FOR THE WEEK	268	222

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 5, 1969

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SAN FRANCISCO'S POPULATION BY ETHNIC GROUP

ETHNIC GROUP	ESTIMATE 1968	U.S. CENSUS 1960	1950	1940
TOTAL	748,700	740,316	775,357	634,536
White	547,400	604,403	693,888	602,701
Non-White	201,300	135,913	81,469	31,835
Negro	101,200	74,383	43,502	4,846
Chinese	62,000	36,445	24,813	17,782
Japanese	11,800	9,464	5,579	5,280
Filipino	20,000	12,327	Included in "Other"	
Other	6,300	3,294	7,575	3,927
PERCENT IN EACH ETHNIC GROUP				
TOTAL	100.0	100.0	100.0	100.0
White	73.1	81.6	89.5	95.0
Non-White	26.9	18.4	10.5	5.0
Negro	13.5	10.1	5.6	0.8
Chinese	8.3	4.9	3.2	2.8
Japanese	1.6	1.3	0.7	0.8
Filipino	2.7	1.7	Included in "Other"	
Other	0.8	0.4	1.0	0.6

The provisional estimate of total population for July 1, 1968, made by the California State Department of Finance, was 748,700. This is an increase of 8,384 over the 1960 Census figure of 740,316. Since 1960, the racial composition of the population has continued to change in numbers and percentages as shown above. The non-white population, largely composed of the Negro, Chinese, Japanese and Filipino ethnic groups, has grown from 135,913 or 18.4% of the population in 1960 to 201,300 or 26.9% in 1968. Conversely, in 1968 the White or Caucasion population made up 73.1% of the population compared with 81.6% in 1960.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 18TH WEEK ENDING MAY 2, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	LOW	TO DATE 1969	1968
CHICKENPOX	11	39	21	85	216
GERMAN MEASLES	0	69	8	72	70
GONORRHEA	240	287	92	4728	4087
HEPATITIS, VIRAL	26	33	2	381	376
INFLUENZA	0	1	0	25	3
MEASLES	1	89	0	14	29
MENINGOCOCCAL INF.	0	1	0	5	3
MENINGITIS, OTHER	0	2	1	5	12
MUMPS	5	83	14	61	196
PERTUSSIS	0	2	0	1	2
SALMONELLOSIS	1	2	0	37	23
SHIGELLOSIS	0	2	0	45	10
SYPHILIS	25	21	9	296	298
TUBERCULOSIS	5	13	3	125	135

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 7

	1969	1968
DEATHS RECORDED FOR THE WEEK	175	185
BIRTHS RECORDED FOR THE WEEK	293	272

5-12-69

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 12, 1969

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HAY FEVER

Each year in the spring, hundreds of San Franciscans are beset by allergic symptoms of weepy eyes, stuffed or runny noses, sneezing, wheezing and the general discomfort which marks the onset of their annual bout with hay fever. In many cases the symptoms are mild enough to be mistaken for a spring cold. Others suffer intensely, with considerable loss of time from work or school. Whether mild or severe, the symptoms should not be regarded lightly, as they may be associated with other diseases. This allergic reaction which is rarely caused by hay and hardly ever associated with fever, is due to the inhalation of airborne pollen from trees, grasses, molds or weeds by those who have a sensitivity to such substances. Elsewhere in the country, ragweed is the usual source of the offending particles. In the Bay Area, most cases of spring hay fever are caused by tree pollen, particularly that of the common oak tree.

Mild seasonal attacks of hay fever can usually be treated effectively with simple medications prescribed by a physician. More severe or persistent cases may require skin tests and desensitization against the offending substance. If asthma or other complications occur, other methods of treatment may be required. The physician can determine which treatment is best for each individual case.

There are also a number of personal measures one can take to avoid or ease the distressing symptoms. Try to keep doors and windows closed as much as possible during the susceptible period. Central air conditioning with filtration, although expensive, can provide gratifying relief. If this is not practical, a window unit in the bedroom can help toward a good night's sleep. Obviously, a sensitive person should not take walks through fields or woods, and he should plan his vacation for the period during which he is usually afflicted. A trip of only a hundred miles away to a place free from the offending pollen can allow one to breathe freely.

NOTE: The annual quarantine of mussels for human consumption is now in effect until November 1, and is declared to protect Californians from the highly toxic poison present in the shellfish during the summer and early autumn months.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 19TH WEEK ENDING MAY 9, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968	CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	1	31	3	86	219	MENINGITIS, OTHER	0	1	0	5	13
GERMAN MEASLES	4	49	4	76	74	MUMPS	13	53	5	74	201
GONORRHEA	271	248	85	4999	4335	PERTUSSIS	0	2	0	1	[illegible]
HEPATITIS, VIRAL	21	20	2	402	396	SALMONELLOSIS	0	4	1	37	27
INFLUENZA	0	6	0	25	3	SHIGELLOSIS	1	3	0	46	10
MEASLES	1	49	0	15	29	SYPHILIS	10	26	15	306	324
MENINGOCOCCAL INF.	0	1	0	5	3	TUBERCULOSIS	4	11	5	129	140

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:			1969	1968
PNEUMONIA	5	DEATHS RECORDED FOR THE WEEK	189	165
TUBERCULOSIS	1	BIRTHS RECORDED FOR THE WEEK	349	291

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 19, 1969

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THE FIRST-AID KIT

Now is the time to check the home first-aid cabinet and the first-aid kit kept in the family car, because more accidents occur in the summer than in any other season of the year. A properly equipped kit, with fresh supplies which are replenished after use, is a practical aid in relieving many minor injuries and ailments. It may be life-saving, before medical help arrives.

The best time to provide the home or auto first-aid kit is before it is needed. The following first aid supplies are suggested:

1. Sterile gauze pads
2. Sterile gauze bandages
3. Adhesive tape
4. Adhesive dressings
5. Absorbent cotton - sterile
6. Triangular bandage
7. A mild antiseptic
8. Burn ointment or lotion
9. Petroleum jelly
10. Calamine lotion
11. Aromatic spirits of ammonia
12. Tweezers
13. Scissors with rounded ends
14. Flashlight
15. Clinical thermometer - this should not be kept where it will be exposed to high temperatures.

For autos, the American National Red Cross suggests a specially designed compact unit with standardized first-aid materials fitted into a case, like blocks. The packet is readily stored and the supplies do not become easily disarranged. Each packet is clearly labeled and with instructions for use included. These kits can be obtained at auto supply stores, department stores, etc., with contents selected to meet the purchaser's particular needs. Ask your physician regarding other medications for your family, for such things as car-sickness, upset stomach, etc. Take some road flares for car safety, and review your knowledge of artificial respiration and mouth-to-mouth resuscitation.

Regardless of how well-equipped the home or auto first-aid kit is, its effective use depends on family members knowing how to give treatment properly. A course in first-aid, such as given by the Red Cross, can be an invaluable investment.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 20TH WEEK ENDING MAY 16, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	2	48	15	88	239
GERMAN MEASLES	1	58	9	77	83
GONORRHEA	256	269	88	5255	4604
HEPATITIS, VIRAL	24	42	0	426	438
INFLUENZA	0	21	0	25	3
MEASLES	2	123	0	17	29
MENINGOCOCCAL INF.	0	0	0	5	3
MENINGITIS, OTHER	0	2	0	5	13
MUMPS	2	31	5	76	206
PERTUSSIS	0	1	0	1	2
SALMONELLOSIS	0	3	0	37	29
SHIGELLOSIS	0	3	1	46	11
SYPHILIS	33	43	12	338	342
TUBERCULOSIS	6	13	7	135	149

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	2

	1969	1968
DEATHS RECORDED FOR THE WEEK	186	166
BIRTHS RECORDED FOR THE WEEK	341	395

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 26, 1969

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FOOD POISONING

Sporadic cases of food poisoning occur all through the year, but an increased number develop with the advent of warm weather. This is related to the fact that more social events are scheduled then. The foods are frequently prepared ahead of time, and in many cases, remain unrefrigerated until served. It is impossible to say, with accurracy, how many actual cases of food poisoning occur. Many single cases and even one- or two-family outbreaks often are not reported, because the attack is over in a day or two. Many absences from work have been traced to this type of illness.

One of the distinctive characteristics of an outbreak of food poisoning is the sudden illness of several individuals following a meal at which a specific food is eaten. A reported outbreak starts a coordinated effort by the Health Department to discover the offending food. If samples are obtained, the laboratory may provide the conclusive evidence. Staphylococcus food poisoning occurs most frequently; symptoms appear in about three hours after consuming the contaminated food.

Staphylococci are common germs found in the throats of normal individuals, in the post-nasal drip of those recovering from colds, and on the skin where they may cause pimples, boils and carbuncles. The germs require warmth, moisture and food to grow and multiply and they do not change the smell, taste or appearance of the food. The toxin, which these organisms produce in the food before it is ingested, causes the food poisoning. It is not destroyed by heating. Ham, beef, cheese, milk, potato salad, and cream-filled pastries provide a favorable culture media for these organisms.

To prevent this type of food poisoning, food preparation and service must be conducted so that these germs cannot produce their toxin. This can be done by: 1) Personal cleanliness of the individuals handling the food; 2) Proper care of food in preparation; and 3) Refrigeration of foods at below 40° Farenheit immediately after preparation, or in the case of hot foods 4) Keeping them hot (above 140° Fahrenheit).

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 21ST WEEK ENDING MAY 23, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	3	28	8	91	247
GERMAN MEASLES	3	47	1	80	84
GONORRHEA	251	248	77	5506	4852
HEPATITIS, VIRAL	23	33	3	449	471
INFLUENZA	0	1	0	25	3
MEASLES	0	58	1	17	30
MENINGOCOCCAL INF.	0	1	0	5	3

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	2	0	5	13
MUMPS	2	64	6	78	212
PERTUSSIS	1	1	0	2	2
SALMONELLOSIS	6	3	0	43	30
SHIGELLOSIS	3	1	0	49	12
SYPHILIS	23	25	16	361	360
TUBERCULOSIS	5	9	7	140	156

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	7

	1969	1968
DEATHS RECORDED FOR THE WEEK	182	175
BIRTHS RECORDED FOR THE WEEK	289	267

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JUNE 2, 1969

VACATION HAZARDS

Thoughtful planning, which takes into account the hazards to which the various members of the family may be exposed, in more or less unfamiliar surroundings, will help to insure a vacation or outing that is unmarred by the unexpected. Traffic accidents, sunburn, heat exhaustion, poisonous plants, water accidents, food poisoning - these are the unexpected and unpleasant events that may play a role in spoiling what otherwise might have been a happy trip. Yet, most, if not all these untoward events, may be prevented by a little wise foresight, moderation and common sense. By taking into account the basic principles of safety, whether they apply to traffic, water, food or the great outdoors, we can make the most of the vacation time and return home refreshed and ready to put new life into our daily living.

Traffic: Give your car a safety check beforehand, and allow yourself plenty of time to get to where you're going. Keep the car interior, including the rear window shelf clear of loose articles, and the area behind the windshield free of projecting objects. If an accident does occur, safety seat belts will protect the passengers, if they are used -- before the accident occurs.

Poison Oak is a constant hazard to people on outings. The best means of prevention is to learn to recognize the shrub with its glossy, leathery-like leaves growing in clusters of three and avoid all contact.

Camping and Hiking: In getting close to nature, you may find some unwelcome company in ticks, chiggers, snakes and poisonous plants. An insect repellant sprayed on the clothes and exposed skin areas will aid in keeping the "bugs" away. To escape trouble from snakes it is best to be able to recognize and then to carefully avoid them. Parents should caution childred not to eat seeds from unidentified plants, many of which may be poisonous. The castor bean is an example.

Sunburn: A bad sunburn can be prevented by knowing your own skin and whether or not you burn easily, using a suntan preparation and then avoid over-exposure. Too much sun also can lead to sunstroke, so moderation is the key word.

Water Hazards: Swim where there is a lifeguard and with at least one other experienced swimmer. Never swim after eating, or when tired or overheated. When boating, be "water-wise" and observe all safety precautions. Know how to employ mouth-to-mouth resuscitation.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 22ND WEEK ENDING MAY 29, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	0	86	10	91	257
GERMAN MEASLES	0	46	1	80	85
GONORRHEA	245	307	85	5751	5159
HEPATITIS, VIRAL	12	15	2	461	486
INFLUENZA	0	7	0	25	3
MEASLES	1	132	1	18	31
MENINGOCOCCAL INF.	0	1	0	5	4

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	1	0	5	14
MUMPS	3	36	6	81	218
PERTUSSIS	0	1	0	2	3
SALMONELLOSIS	1	4	0	44	30
SHIGELLOSIS	0	2	0	49	14
SYPHILIS	19	32	16	379	392
TUBERCULOSIS	9	13	1	149	165

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 4

	1969	1968
DEATHS RECORDED FOR THE WEEK	179	141
BIRTHS RECORDED FOR THE WEEK	227	239

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JUNE 9, 1969

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SUNTAN AND SUNBURN

While sunshine is healthful for most people, it can be harmful for those who try to acquire too much, too quickly. Instead of the desired golden hue they hoped to acquire, they become lobster red which may be very painful, or if severe enough, may put them in the hospital. Sunburn of this type can be avoided if we pay attention to three simple things: First, know our own type of skin and whether we burn easily or not; secondly, learn when and where the sun has greatest burning power; thirdly, make use of a suntan preparation.

Skins differ in their sensitivity to sunlight. Children and babies of any age burn quickly and need watching when exposed to the sun's rays. People with fair skin are quicker to burn than brunettes. Some people never tan, but burn every time, year after year, whereas others merely freckle. For the vast majority of people, fifteen minutes is long enough for the first day's exposure, then the time can be increased gradually and sunburn can be avoided.

When the sun is directly overhead its rays are direct and burning. Hence late afternoon or early morning are safe times to start sunbathing, especially in the beginning, because as the sun is closer to the horizon, the atmosphere acts as a filter and the rays will cause less burning. Some of the worst cases of sunburn result from exposure at the beach in a swim-suit during the noon hour. This is because there is direct sunlight at this time and also a reflected glare from the sand and water. Even when the sky is overcast the sun can burn severely, so it is wise to be careful on hazy days as well as bright ones. Further, the probability of sunburn is greater as the altitude goes up.

There are many suntan preparations, oils, lotions and creams sold under various trade-names. They are all intended to discourage sunburn and promote a tan. But even the best of these preparations give only partial protection from the sun, so watch the clock during the first days of sunbathing, and get your suntan gradually.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 23RD WEEK ENDING JUNE 6, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	1	25	6	92	282
GERMAN MEASLES	1	20	2	81	87
GONORRHEA	276	204	60	6027	5363
HEPATITIS, VIRAL	20	33	0	481	519
INFLUENZA	0	1	0	25	3
MEASLES	0	60	1	18	32
MENINGOCOCCAL INF.	0	1	0	5	4

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	2	4	0	7	18
MUMPS	3	23	3	84	221
PERTUSSIS	0	0	0	2	3
SALMONELLOSIS	1	5	0	45	30
SHIGELLOSIS	1	3	0	50	14
SYPHILIS	22	21	13	401	412
TUBERCULOSIS	7	9	3	155	170

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	2
HEPATITIS, INF.	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	199	161
BIRTHS RECORDED FOR THE WEEK	282	233

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JUNE 16, 1969

CHILD SAFETY DURING VACATION

For the child out of school, the dangers from accidents in and about the home become greater simply from his spending more time there. His abundant energy, unthinking recklessness, and propensity for "getting into things" all contribute to his chance of having an accident. Parents should strive to impress upon the child that there are hazardous ways and safe ways of doing most everything and that by developing safe habits of conduct he will be able to do and enjoy more things than he could otherwise. No one expects parents to watch their children every minute of the day, but parents can intensify their vigilance during this season when "just having fun" rules.

An additional precautionary measure is a thorough check of the home and its environs for hazardous conditions. The abandoned trunk or ice box, the cluttered yard with broken glass or rusty nails, the availability to youngsters of insecticides, caustic substances and other poisonous solutions, - all are examples of hazardous situations which may go unnoticed and uncorrected.

Outside the home there is the ever-present danger from moving vehicles. Adults behind the wheel should remember that children are out of school now and be particularly alert when driving. Parents must instruct children to follow the safety rules about crossing streets, getting off a bus or streetcar. and obeying traffic lights. They should be cautioned about running in the streets or darting out in front of or behind parked cars. Community playgrounds, parks and home play yards provide safe places for children to play and parents are urged to see that children use these facilities whenever possible.

Finally, firecrackers and other forms of fireworks can be extremely dangerous. Every year at this time many tragic accidents occur as the result of play with seemingly "harmless" fireworks. Parents should see that all safety precautions are observed, or better yet, take their children to public fireworks displays.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 24TH WEEK ENDING JUNE 13, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	1	27	9	93	295
GERMAN MEASLES	1	18	1	82	88
GONORRHEA	260	231	89	6287	5594
HEPATITIS, VIRAL	16	27	1	497	546
INFLUENZA	0	0	0	25	3
MEASLES	1	56	1	19	33
MENINGOCOCCAL INF.	0	1	0	5	4

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	1	0	7	19
MUMPS	3	21	3	87	224
PERTUSSIS	0	1	0	3	3
SALMONELLOSIS	1	6	0	46	34
SHIGELLOSIS	0	2	0	50	15
SYPHILIS	14	24	11	415	423
TUBERCULOSIS	2	9	4	157	175

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
TUBERCULOSIS	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	171	183
BIRTHS RECORDED FOR THE WEEK	346	321

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JUNE 23, 1969

RABIES - A CONSTANT MENACE

Rabies, a disease that affects the nervous system of warm-blooded mammals, including man, is almost always fatal. Since it is caused by a virus against which there is no uniformly safe and effective protection for man, it is better to avoid infection, which is introduced by the bite or scratch of a rabid animal, which may or may not appear sick.

As dogs and cats can be satisfactorily immunized by veterinarians, control in urban areas can be effected. San Francisco has been free of cases of human and animal rabies for many years. However, more than half of the counties in California are declared "rabies areas", primarily for disease in small wild mammals, especially skunks and bats. It also appears very occasionally in other furred animals, both wild and domestic. We are seeing a greater summer increase in reports of such infections, according to the California State Department of Public Health. This information is of particular importance to San Francisco families who vacation in nearby counties. In the most recent reports, cases have been reported of some skunks found in the Sacramento River areas of Napa and Sacramento Counties, and Marin, Lake and Solano Counties. As preventive anti-rabies treatment, after an animal bite, carries some risk of complications, we recommend precautions on vacations, camping trips, hikes and picnics, for humans and their pets, to prevent the initial infection:

1. Dogs and cats should be vaccinated by a veterinarian several weeks before the vacation to protect the animals as well as the family members, as they may be infected without the owner's being aware of the fact. If it is too late this season for effective vaccination, before the vacation, leave the pets home in safe-keeping.
2. Caution children against playing with, feeding, or handling wild animals of any kind, particularly skunks and bats, especially if they appear dead, asleep, wounded, or overactive. Bats abroad in daylight are particularly suspect, and skunks are now widely infected.
3. Do not sleep on the ground in the open. It is much safer to sleep in a tent which is firmly anchored to the ground, with the flaps securely closed.
4. Wash all animal bites and scratches immediately and thoroughly with large amounts of soap and running water, and - if the skin is broken - go to a physician immediately for further care. If the animal causing the bite can be detained, do not kill it, but report the fact to the physician, the Forest Service or Park authorities or to the local health department where the incident took place.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 25TH WEEK ENDING JUNE 20, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	9	11	2	102	298
GERMAN MEASLES	22	18	0	104	88
GONORRHEA	292	295	76	6579	5889
HEPATITIS, VIRAL	26	26	1	523	572
INFLUENZA	0	0	0	25	3
MEASLES	0	38	0	19	33
MENINGOCOCCAL INF.	0	2	0	5	4
MENINGITIS, OTHER	1	4	0	8	23
MUMPS	1	19	3	88	22[illegible]
PERTUSSIS	0	1	0	2	[illegible]
SALMONELLOSIS	2	6	1	48	3[illegible]
SHIGELLOSIS	0	5	1	50	1[illegible]
SYPHILIS	13	35	14	428	446
TUBERCULOSIS	7	9	2	164	184

DEATHS FROM THE WEEK FROM COMMUNICABLE DISEASES:	
HERPES ZOSTER	1
PNEUMONIA	8
TUBERCULOSIS	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	198	199
BIRTHS RECORDED FOR THE WEEK	310	322

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JUNE 30, 1969

TUBERCULOSIS CASEFINDING BY X-RAY SURVEY IN SAN FRANCISCO IN 1968

During 1968 there were 103,278 chest survey films taken by the combined facilities of the San Francisco Medical Society, the Mobile Unit of the San Francisco Tuberculosis Association, and the San Francisco Health Department. A total of 73 cases of tuberculosis was discovered, of which 68 were previously unknown. The Medical Society Unit discovered five previously unknown active cases in 16,648 films. The Mobile Unit took 45,239 films in community projects, finding 14 active cases, of which 13 were previously unknown.

The Health Department Unit at 101 Grove Street took 31,683 films finding 19 previously unknown active cases. This group includes only those who admit no contact with the disease and have no symptoms. In addition, 840 individuals with symptoms requested a chest film. Since the incidence of suspicion is very high in such a group, large chest films were taken revealing 20 with active tuberculosis, of whom 19 were previously unknown. Of the total 32,523 chest films taken by this unit, 39 active cases were found, of which 38 were previously unknown.

The Jail X-ray Program had a yield of about 1.5 active tuberculosis cases per 1,000 inmates examined; or 9 active cases for 6,051 films taken, of which 7 were previously unknown. The 2,727 films taken at Northeast Health Center revealed six previously unknown active cases.

These programs find active tuberculosis in people in whom it is not suspected. As a result, personnel, patients, and inmates are protected from close and prolonged exposure to communicable tuberculosis, and thus spread of the disease is controlled.

In addition to tuberculosis, 28 cases of cancer of the lung were discovered through these chest survey programs.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 26TH WEEK ENDING JUNE 27, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	2	8	3	104	301
GERMAN MEASLES	6	9	0	110	88
GONORRHEA	251	305	93	6827	6194
HEPATITIS, VIRAL	19	24	2	542	596
INFLUENZA	0	0	0	25	3
MEASLES	0	21	0	19	33
MENINGOCOCCAL INF.	0	1	0	5	4

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	1	0	8	24
MUMPS	2	7	3	90	231
PERTUSSIS	1	0	0	3	3
SALMONELLOSIS	1	4	0	49	39
SHIGELLOSIS	2	3	1	52	17
SYPHILIS	34	31	18	462	477
TUBERCULOSIS	6	21	3	170	187

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	1
SYPHILIS	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	149	157
BIRTHS RECORDED FOR THE WEEK	221	309

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 7, 1969

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POPULATION BY AGE GROUP

	ESTIMATE	U.S. CENSUS		
	1968	1960	1950	1940
TOTAL	748,700	740,316	775,357	634,536
Under 5 years	61,000	58,851	62,921	30,333
5 - 14 years	103,800	98,189	75,944	61,080
15 - 24 years	112,200	91,155	99,358	90,269
25 - 44 years	177,700	199,362	262,705	229,821
45 - 64 years	194,900	199,151	200,379	171,326
65 & over "	99,100	93,608	74,050	51,707

PERCENT DISTRIBUTION

	ESTIMATE	U.S. CENSUS		
	1968	1960	1950	1940
PERCENT ALL AGES	100.0	100.0	100.0	100.0
Under 5 years	8.1	8.0	8.1	4.8
5 - 14 years	13.9	13.3	9.8	9.6
15 - 24 years	15.0	12.3	12.8	14.2
25 - 44 years	23.8	26.9	33.9	36.2
45 - 64 years	26.0	26.9	25.8	27.0
65 & over "	13.2	12.6	9.6	8.2

With a provisional estimate of 748,700 population in San Francisco on July 1, 1968, comparisons in both numbers and percentages by age group with the U. S. Census years of 1940, 1950 and 1960 are shown above. San Francisco has been known as a city of older people and this is brought out by the steady rise in the "65 and over" group from 51,707 or 8.2% of the population in 1940 to an estimated 99,100 or 13.2% in 1968. Not so well known is the fact that the school age groupings also show an increase. In numbers, the age group 5 - 24 years has steadily increased from 151,349 in 1940 to an estimated 216,000 in 1968. On the other hand, the middle years of 25-44 show adecline of 52,121 residents since 1940 - a percentage decrease of 22.7%.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 27TH WEEK ENDING JULY 3, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	1	15	1	105	302
GERMAN MEASLES	1	18	2	111	91
GONORRHEA	248	293	86	7074	6487
HEPATITIS, VIRAL	22	17	1	564	613
INFLUENZA	0	0	0	25	3
MEASLES	2	69	0	21	33
MENINGOCOCCAL INF.	0	1	0	5	5
MENINGITIS, OTHER	0	1	0	8	25
MUMPS	3	5	1	93	233
PERTUSSIS	0	2	0	3	5
SALMONELLOSIS	1	3	0	50	40
SHIGELLOSIS	0	4	0	52	17
SYPHILIS	8	29	13	470	493
TUBERCULOSIS	6	11	6	173	196

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	7
SYPHILIS	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	144	164
BIRTHS RECORDED FOR THE WEEK	181	202

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JULY 14, 1969

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FLEA BITES

Fleas are small insects which feed on animal or human blood, without which they can neither breed nor survive. Though some species are capable of transmitting disease, the principal cause for complaint in the Bay Area results from the painful itching caused by flea bites occurring most frequently during the summer and fall months. Most of the complaints are due to the cat and dog flea; and to a lesser extent, the human flea.

A concentration of bites on the lower part of the legs usually indicates the presence of fleas from a pet cat or dog in the home, and the infestation can be traced to the area of the house where the animal spends most of its time. Where there is no household pet, a sudden appearance of fleas may be due to a stray animal which had its litter under the house, in the basement or some similar place; and upon departure, its fleas are left behind to bite man. The bites of the human flea are characteristically distributed over the entire body rather than just on the legs. Moreover, these fleas are more apt to be found in the bed or bedroom than in other parts of the house; and examination will frequently reveal the tell-tale "flea-spots" in the bedding.

The best way to prevent flea infestation in the home is to stop it at its source. Any pet shop can supply an insecticide dust which will be effective in killing fleas when applied directly to dogs or cats. In addition, the infested rooms and household areas frequented by pets should be thoroughly cleaned with a vacuum cleaner to remove debris in which flea larvae may hide or on which they might feed. This should include carpets, rugs, upholstered furniture and similar materials. The directions on the insecticide container should be read and precautions carefully followed. Finally, after each use, the container should be tightly sealed and put well out of the sight and reach of children.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 28TH WEEK ENDING JULY 11, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	3	16	5	108	318
GERMAN MEASLES	6	8	1	117	92
GONORRHEA	258	234	83	7332	6721
HEPATITIS, VIRAL	19	32	2	583	645
INFLUENZA	0	0	0	25	3
MEASLES	0	17	0	21	33
MENINGOCOCCAL INF.	0	0	0	5	5

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	1	1	0	9	26
MUMPS	0	7	4	93	239
PERTUSSIS	0	2	0	3	[illegible]
SALMONELLOSIS	3	12	0	53	52
SHIGELLOSIS	6	4	0	58	17
SYPHILIS	13	25	11	483	504
TUBERCULOSIS	1	11	2	174	204

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 3

	1969	1968
DEATHS RECORDED FOR THE WEEK	177	201
BIRTHS RECORDED FOR THE WEEK	335	303

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JULY 21, 1969

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LEADING CAUSES OF DEATH, SAN FRANCISCO RESIDENTS, 1968 and 1967
RATES PER 100,000 ESTIMATED POPULATION

	1968		1967	
	NUMBER	RATE	NUMBER	RATE
ALL CAUSES	9,012	1203.7	9,392	1256.5
Heart Disease	3,115	416.1	3,396	454.3
Malignant Neoplasms	1,752	234.0	1,752	234.4
Vascular Lesions of C.N.S.	938	125.3	955	127.8
Cirrhosis of the Liver	519	69.3	564	75.5
Accidents	465	62.1	468	62.6
Influenza and Pneumonia	267	35.7	271	36.3
Suicides	211	28.2	218	29.2
Emphysema	147	19.6	133	17.8
Arteriosclerosis	141	18.8	184	24.6
Diabetes	138	18.4	141	18.9
Diseases of Early Infancy	130	17.4	142	19.0
Aortic Aneurysms	98	13.1	115	15.4
Homicides	92	12.3	75	10.0
Ulcers of Stomach, Duodenum	71	9.5	66	8.8
Congenital Malformations	62	8.3	59	7.9
Tuberculosis	39	5.2	38	5.1

For the fourth successive year the first seven causes of death had the same rank order although both numbers and rates were lower in 1968 than in any other year with a few exceptions. Heart disease accounted for 34.6% of the deaths in 1968 compared to 36.2% in 1967. Again in 1968 as in 1967 the percent of deaths coded to cancer increased to 19.4 from 18.7. Vascular lesion rates again decreased. For the fourth successive year cirrhosis of the liver was the fourth cause of death and accidents were fifth. Influenza and pneumonia nearly reached the 1967 level. Suicide was the seventh cause in all five years. Emphysema again displaced arteriosclerosis as the eighth cause which it had also done in 1966. Diabetes as in 1967 was the tenth cause of death.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 29TH WEEK ENDING JULY 18, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	1	4	1	109	322
GERMAN MEASLES	1	16	0	118	92
GONORRHEA	268	260	98	7600	6981
HEPATITIS, VIRAL	27	34	1	610	679
INFLUENZA	0	0	0	25	3
MEASLES	0	18	0	21	33
MENINGOCOCCAL INF.	0	1	0	5	5
MENINGITIS, OTHER	1	1	0	10	27
MUMPS	1	10	1	94	240
PERTUSSIS	0	1	0	3	5
SALMONELLOSIS	7	5	1	60	56
SHIGELLOSIS	8	6	1	66	18
SYPHILIS	20	19	10	503	520
TUBERCULOSIS	6	9	5	180	213

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 5

	1969	1968
DEATHS RECORDED FOR THE WEEK	169	143
BIRTHS RECORDED FOR THE WEEK	327	252

July 28, 1969

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 28, 1969

PREPARING FOR SCHOOL

San Francisco children will soon be starting or returning to school for a year of learning. As parents we are interested in our children's ability to make use of educational opportunities offered them and to make progress in school commensurate with their learning ability. But we may overlook the fact that good physical health is important in enabling the child to learn effectively. Many children do not do as well as they should in their school work because of an unsuspected physical defect which may seriously affect their ability, attitude and performance. If such defects are uncovered and treated early, it can make a significant difference in the child's progress, now as well as later.

A thorough health appraisal of the child by the family doctor or pediatrician before the opening of school can do much to forestall potential problems. Such a physical examination should take into account the child's overall health with particular attention to vision and hearing; inability to see or hear adequately is a real barrier to a child's ability to learn. The teeth should be checked by the family dentist. Parents are reminded that, by State law, immunization against poliomyelitis and regular measles (Rubeola) are required for enrollment in school for the first time. In addition, a polio booster is recommended and immunization against smallpox, diphtheria, tetanus and whooping cough should be brought up to date. Parents will want to have these preventive measures taken before school opens and it should be realized that visits to the doctor or dentist after school starts may mean lost classroom time.

Another factor bearing on the child's health is that the school attendance brings increased exposure to colds and respiratory ailments and to other contagious diseases, particularly if this is the child's first school experience. It is important that parents keep themselves informed on the health status of the child and cooperate by responding to health recommendations made by the public health nurse or physician assigned to the school. In this way, health problems can be detected early before they have a chance to develop into serious conditions which may be difficult to correct later. Parents may phone the District Health Center near their home for information and assistance in receiving these services.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 30TH WEEK ENDING JULY 25, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	1	5	1	110	323
GERMAN MEASLES	2	6	1	120	93
GONORRHEA	305	295	84	7905	7247
HEPATITIS, VIRAL	7	26	0	617	705
INFLUENZA	0	4	0	25	3
MEASLES	0	8	0	21	33
MENINGOCOCCAL INF.	0	1	0	5	5

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	4	0	10	27
MUMPS	0	13	0	94	240
PERTUSSIS	0	1	0	3	6
SALMONELLOSIS	1	3	0	61	59
SHIGELLOSIS	1	7	0	67	18
SYPHILIS	9	30	14	511	535
TUBERCULOSIS	6	9	3	186	222

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 2

	1969	1968
DEATHS RECORDED FOR THE WEEK	194	166
BIRTHS RECORDED FOR THE WEEK	267	333

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 4, 1969

IMPORTANT CAUSES OF DEATH BY SEX, SAN FRANCISCO RESIDENTS, 1968
RATES PER 100,000 ESTIMATED POPULATION

CAUSE OF DEATH	MALE NUMBER	MALE RATE	MALE PERCENT	FEMALE NUMBER	FEMALE RATE	FEMALE PERCENT
ALL CAUSES	5,165	1394.1	100.0	3,847	1017.2	100.0
Heart Disease	1,805	487.2	34.9	1,310	346.4	34.1
Malignant Neoplasms	964	260.2	18.7	788	208.4	20.5
Vascular Lesions of C.N.S.	426	115.0	8.2	512	135.4	13.3
Cirrhosis of the Liver	360	97.2	7.0	159	42.0	4.1
Accidents	308	83.1	6.0	157	41.5	4.1
Influenza & Pneumonia	150	40.5	2.9	117	30.9	3.0
Emphysema	129	34.8	2.5	18	4.8	0.5
Suicides	120	32.4	2.3	91	24.1	2.4
Diseases of Early Infancy	83	22.4	1.6	47	12.4	1.2
Homicides	72	19.4	1.4	20	5.3	0.5
Diabetes	70	18.9	1.4	68	18.0	1.8
Aortic Aneurysms	68	18.4	1.3	30	7.9	0.8
Arteriosclerosis	52	14.0	1.0	89	23.5	2.3
Ulcers, Stomach & Duodenum	50	13.5	1.0	21	5.6	0.5
Congenital Malformations	34	9.2	0.7	28	7.4	0.7
Tuberculosis	30	8.1	0.6	9	2.4	0.2

Rates for males and females decreased again in 1968; for males to 13.9 per 1,000 estimated population from 14.6 in 1967 and 15.1 in 1966 and for females to 10.2 from 10.6 and 11.3. Male rates were higher than rates fof females in all causes listed except vascular lesions and arteriosclerosis; the first caused 13% of the female deaths and 8% of the male deaths. Although the cancer rate was higher for males than for females, the percent of women dying from the disease was 9.6 greater than men. The sex differential in suicides continued to shift; women were 43% of the suicides in 1968 compared to 41 in 1967 and 34 in 1966. Again the female rate for cirrhosis of the liver was less than half the male rate.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 31ST WEEK ENDING AUGUST 1, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	1	8	1	111	324
GERMAN MEASLES	6	14	0	126	95
GONORRHEA	303	249	80	8208	7496
HEPATITIS, VIRAL	7	36	0	624	733
INFLUENZA	0	0	0	25	3
MEASLES	0	9	0	21	33
MENINGOCOCCAL INF.	0	0	0	5	5
MENINGITIS, OTHER	1	5	0	11	32
MUMPS	1	11	0	95	240
PERTUSSIS	0	1	0	3	6
SALMONELLOSIS	2	3	0	63	61
SHIGELLOSIS	6	4	0	73	20
SYPHILIS	22	30	6	533	565
TUBERCULOSIS	4	12	5	187	228

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	5
TUBERCULOSIS	2

	1969	1968
DEATHS RECORDED FOR THE WEEK	161	166
BIRTHS RECORDED FOR THE WEEK	322	343

AUGUST 11, 1969

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR AUGUST 11, 1969

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EMPHYSEMA

Emphysema is a chronic, pulmonary condition which progressively lessens a person's ability to breathe effectively. It may go undetected for years, but as it progresses, breathing becomes more and more difficult. More than 10,000 Americans die with this disease every year. In 1968 emphysema ranked eighth as a cause of death in San Francisco, claiming more lives than either diabetes or tuberculosis. It is regarded as a contributing cause of death in twice as many people as it kills, and among workers for whom benefits are allowed by the social security disability program, emphysema is one of the major causes of disability.

While, much remains to be learned about the disease, the prevailing opinion is that, as with other chronic degenerative diseases, many factors combine to produce this obstructive condition. It is primarily a disease of middle aged and older persons and is more common in men than in women. It can occur in anybody, both those with a long athletic background and those leading a more sedentary life. Chronic bronchial irritation appears to be an important factor in its development, which may be initiated or aggravated by such factors as air pollution, smoking, allergy and infection.

Since this disease may be detected before serious symptoms develop, it is important that persons with unexplained bronchitis, wheezing or shortness of breath seek medical advice. It is estimated that probably 90% of emphysema patients can be diagnosed by a history, physical examination and chest x-rays. Much can be done by medical treatment directed to removing factors likely to worsen this condition, e.g., controlling infection, avoiding smoking, adequate diet, and special breathing instructions.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 32ND WEEK ENDING AUGUST 8, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	0	7	0	111	326
GERMAN MEASLES	0	7	0	126	95
GONORRHEA	319	286	113	8527	7782
HEPATITIS, VIRAL	11	35	1	635	768
INFLUENZA	0	1	0	25	3
MEASLES	1	8	0	22	33
MENINGOCOCCAL INF.	0	2	0	5	5

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	5	0	11	37
MUMPS	0	8	2	95	243
PERTUSSIS	0	2	0	3	6
SALMONELLOSIS	1	5	1	64	63
SHIGELLOSIS	1	5	0	74	20
SYPHILIS	17	27	14	550	583
TUBERCULOSIS	7	11	5	194	235

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 3

	1969	1968
DEATHS RECORDED FOR THE WEEK	152	200
BIRTHS RECORDED FOR THE WEEK	276	299

AUGUST 18, 1969

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

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ELLIS D. SOX, M.D., DIRECTOR AUGUST 18, 1969

INFLUENZA SEASON 1969 - 1970

In the Spring of each year the U.S. Public Health Service's Advisory Committee on Immunization Practices evaluates the potential hazards of the next influenza season starting that Fall. It then establishes the formula for the influenza vaccine to be manufactured by the various pharmaceutical companies. At best, these are "educated guesses" subject to some unforeseen errors, as for example this past season's Hong Kong strain.

Despite these weaknesses, the Committee's work is still very important. At this time it does not anticipate any large scale outbreaks of influenza in the United States, and therefore does not believe community immunization programs are appropriate. However, the Advisory Committee recommends continued immunization protection for persons suffering from chronic heart or pulmonary disease, certain metabolic disorders, and older individuals, particularly those with a chronic disease.

This year's vaccine formula is significantly different from those in previous years, requiring everyone to have two injections, preferably six to eight weeks apart. Excepted are those few who received a regular booster injection last year AND then had the extra injection specifically for the Hong Kong variety. Those with a history of reactions to eggs or egg products are cautioned not to receive influenza immunizations.

Persons contemplating protection, particularly those requiring the two injections are reminded to start their course of immunization in September, so it can be completed before December, the usual start of the influenza season.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 33RD WEEK ENDING AUGUST 15, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	8	7	1	119	327
GERMAN MEASLES	1	8	0	127	96
GONORRHEA	307	286	93	8834	8068
HEPATITIS, VIRAL	16	20	3	651	786
INFLUENZA	0	0	0	25	3
MEASLES	0	6	0	22	33
MENINGOCOCCAL INF.	0	2	0	5	5

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	3	0	11	40
MUMPS	3	11	1	98	243
PERTUSSIS	0	0	0	3	6
SALMONELLOSIS	0	5	0	64	63
SHIGELLOSIS	0	7	0	74	20
SYPHILIS	18	33	12	567	600
TUBERCULOSIS	7	9	5	201	240

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

GONORRHEA	1
HEPATITIS, VIRAL	1
PNEUMONIA	5

	1969	1968
DEATHS RECORDED FOR THE WEEK	162	191
BIRTHS RECORDED FOR THE WEEK	303	290

AUGUST 25, 1969

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

AUGUST 25, 1969

BIRTH AND DEATH RATES
UNITED STATES, CALIFORNIA, AND 5 COUNTIES, 1960-1968

YEAR	U.S.	CALIF.	ALAMEDA	CONTRA COSTA	MARIN	SAN FRANCISCO	SAN MATEO
BIRTH RATES PER 1,000 POPULATION							
1960	23.6	23.7	22.9	22.8	22.9	19.9	22.5
1962	22.4	22.1	21.7	20.7	20.7	19.0	20.6
1964	21.2	20.6	20.5	18.9	18.5	17.5	18.7
1966	18.5	17.6	17.3	16.3	15.7	15.2	16.6
1968	17.4	17.1	16.3	15.6	14.7	15.0	15.7
DEATH RATES PER 1,000 POPULATION							
1960	9.5	8.6	9.3	6.3	7.2	13.3	6.5
1962	9.5	8.2	8.9	5.9	6.8	13.1	6.5
1964	9.4	8.3	9.1	6.0	6.7	12.7	6.6
1966	9.5	8.2	9.0	6.1	6.5	13.2	6.9
1968	9.6	8.1	9.0	6.6	6.6	12.0	6.7

The birth rate in all jurisdictions shown continued the downward trend that started in 1958. The provisional birth rate of 17.4 for the U.S. is the lowest on record; the peak rate was 25.3 in 1957. California's 1968 rate was the lowest since 1940 when it was 16.2; its peak rate was 24.8 in 1947 with another high of 24.7 in 1957. San Francisco's birth rate of 15.0 in 1968 was the lowest since 1941 when it was 13.4.

The U.S. crude death rate increased to 9.6 per 1,000 population in 1968 over the 1967 figure of 9.4 because of two outbreaks of influenza in January and February and at the end of the year. Despite this, the rate has been quite stable since 1960. San Francisco's declining death rate probably reflects the younger age composition of the population.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 34TH WEEK ENDING AUGUST 22, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	1	3	0	120	327
GERMAN MEASLES	0	5	0	127	96
GONORRHEA	317	259	72	9151	8327
HEPATITIS, VIRAL	19	28	5	670	814
INFLUENZA	0	0	0	25	3
MEASLES	0	7	0	22	33
MENINGOCOCCAL INF.	1	0	0	6	5

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	2	0	11	40
MUMPS	0	4	1	98	247
PERTUSSIS	0	1	0	3	[illegible]
SALMONELLOSIS	0	3	0	64	63
SHIGELLOSIS	0	3	0	74	20
SYPHILIS	8	40	12	575	627
TUBERCULOSIS	3	14	2	204	247

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	4
TUBERCULOSIS	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	184	155
BIRTHS RECORDED FOR THE WEEK	340	320

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

SEPTEMBER 2, 1969

SCHOOL TUBERCULIN TESTING PROGRAM

Tuberculin skin testing is done annually in the first, seventh, tenth and twelfth grades of all schools and on all students new to San Francisco. In 1967-68 there were 40,574 students tested, of which 1,358, or 3.3 percent were positive reactors. All positive reactors and their immediate family contacts must be examined to determine the presence or absence of tuberculosis in the reactor and his immediate family group. As a result of these investigations, 11 new cases were found in the school children, and 1 new case in family contacts. Two-thirds of all reactors found in the routine skin testing program during the past three years have been at the first grade level or new to San Francisco schools: the children of migrants and immigrants who recently moved to San Francisco. As a result of the intensified tuberculosis control program in San Francisco there has been a gradual decrease in the prevalence of infection in children of all ages.

PERCENT OF POSITIVE REACTORS BY GRADE AND YEAR OF TESTING

SCHOOL YEAR	GRADE 12	GRADE 7	GRADE 1
1957-58	19.9	13.3	3.9
1958-59	17.1	10.8	3.5
1959-60	14.4	7.5	2.9
1960-61	13.5	8.8	2.7
1961-62	12.7	9.8	2.7
1962-63	10.2	6.6	1.2
1963-64	11.7	7.5	1.1
1964-65	12.1	5.0	2.1
1965-66	9.5	4.3	1.2
1966-67	9.4	3.4	1.1
1967-68	6.9	4.0	1.0

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 35TH WEEK ENDING AUGUST 29, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	0	9	0	120	330
GERMAN MEASLES	1	6	0	128	96
GONORRHEA	309	248	120	9460	8575
HEPATITIS, VIRAL	14	29	1	684	836
INFLUENZA	0	1	0	25	3
MEASLES	0	5	0	22	33
MENINGOCOCCAL INF.	0	1	0	6	5
MENINGITIS, OTHER	3	3	0	14	43
MUMPS	8	12	1	98	248
PERTUSSIS	0	3	0	3	7
SALMONELLOSIS	1	5	1	65	64
SHIGELLOSIS	1	3	0	75	23
SYPHILIS	27	24	9	602	636
TUBERCULOSIS	5	10	2	209	256

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	5
SYPHILIS	2
TUBERCULOSIS	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	192	166
BIRTHS RECORDED FOR THE WEEK	340	249

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

SEPTEMBER 8, 1969

DEATHS FROM IMPORTANT CAUSES, SAN FRANCISCO, CALIFORNIA AND UNITED STATES, 1968

CAUSE OF DEATH	RANK S.F.	RANK Cal.	RANK U.S.	RATE PER 100,000 POPULATION S.F.	RATE Cal.	RATE U.S.	PERCENT OF TOTAL DEATHS S.F.	PERCENT Cal.	PERCENT U.S.
ALL CAUSES	-	-	-	1203.7	812.0	962.4	100.0	100.0	100.0
Heart diseases	1	1	1	416.6	296.6	372.9	34.6	36.5	38.8
Malignant Neoplasms	2	2	2	234.0	146.7	159.6	19.4	18.1	16.6
Vascular Lesions, C.N.S.	3	3	3	125.3	89.2	104.8	10.4	11.0	10.9
Cirrhosis of Liver	4	6	10	69.3	21.0	14.5	5.8	2.6	1.5
Accidents	5	4	4	62.1	55.5	55.8	5.2	6.8	5.8
Influenza & Pneumonia	6	5	5	35.7	23.7	34.9	3.0	2.9	3.6
Suicides	7	8	11	28.2	17.3	10.7	2.3	2.1	1.1
Emphysema	8	9	9	19.6	14.0	15.3	1.6	1.7	1.6
Arteriosclerosis	9	10	8	18.8	13.8	16.7	1.6	1.7	1.7
Diabetes	10	11	7	18.4	11.8	19.2	1.5	1.5	2.0
Diseases of Early Infancy	11	7	6	17.4	19.8	21.4	1.4	2.4	2.2
Homicides	12	13	13	12.3	6.6	7.1	1.0	0.8	0.7
Ulcers, Stomach & Duodenum	13	14	14	9.5	4.4	5.0	0.8	0.5	0.5
Congenital Malformations	14	12	12	8.3	7.8	8.5	0.7	1.0	0.9
Hernia, Intestinal Obstr.	15	15	17	6.4	4.0	3.9	0.5	0.5	0.4
Tuberculosis	16	18	18	5.2	2.4	3.3	0.4	0.3	0.3

As shown in the above table, the first three causes of death in all three jurisdictions remain in the same rank order. Cirrhosis of the liver was the fourth cause in San Francisco, sixth in California and tenth in the United States, while accidents, fourth in California and the United States were the fifth cause in San Francisco as they have been for four years. The death rate for Suicide is 28.2 in San Francisco, 17.3 in California, and 10.7 in the United States. Diseases of Early Infancy was the only cause on the list with lower rates for San Francisco than for both California and the United States.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 36TH WEEK ENDING SEPTEMBER 5, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	1	11	0	121	331
GERMAN MEASLES	0	2	0	128	97
GONORRHEA	310	322	100	9770	8897
HEPATITIS, VIRAL	8	26	3	692	862
INFLUENZA	0	4	0	25	3
MEASLES	0	2	0	22	34
MENINGOCOCCAL INF.	0	1	0	6	5

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	0	0	14	43
MUMPS	1	6	1	99	249
PERTUSSIS	0	5	0	3	7
SALMONELLOSIS	11	5	1	76	66
SHIGELLOSIS	10	3	0	85	23
SYPHILIS	10	28	5	612	664
TUBERCULOSIS	4	12	8	213	268

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

TUBERCULOSIS 1

	1969	1968
DEATHS RECORDED FOR THE WEEK	157	171
BIRTHS RECORDED FOR THE WEEK	267	112

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 15, 1969

TETANUS - A DANGEROUS DISEASE

Tetanus is one of the most dangerous diseases that can strike man. Antibiotics or other treatment offer limited help in a full-blown case, and about 40 percent of those with the disease die. Yet by means of immunization, tetanus is completely preventable. The seeds, or spores, of tetanus are found in the cultivated soils of most areas of the United States, They can be picked up by plants or animals, and introduced into the victim's body by something as seemingly inconsequential as the scratch of a thorn.

Once they enter the body, these spores "hatch" into tiny, microscopic bacteria which begin to multiply. In the process, they liberate one of the deadliest of poisons, which cause convulsions and muscle spasms - some so severe that victims have been known to fracture their spine. Usually the first nerves affected are those of the head and neck which control the chewing muscles. These turn rigid with spasm, giving the disease its familiar name - "lockjaw".

In a clean free-bleeding cut any tetanus spores which might contaminate the wound are usually washed out. The micro-organisms do not grow in the presence of oxygen, which would be found in an open wound. In deep puncture or crushing wounds, or when the spores are insulated from oxygen by imbedded dirt and debris, the tetanus bacteria may gain a foothold within the body, and produce the toxin which produces the symptoms and signs of the disease.

While millions of babies have been inoculated against tetanus, it is a fact that almost three-fourths of the adult population is lacking in immunity because protection offered by immunization wears off after several years unless it is maintained by periodic booster injections. Protection should be initiated early--starting a couple of months after birth - for the scrapes and falls of childhood offer tetanus many opportunities. In children, as well as adults, immunity is iniated by a series of two or three shots at 3 to 6 week intervals depending upon the preparation used and followed by a booster dose within six to twelve months. If you fish, camp, work in your shop or garden - if you want to survive a traffic crash - maintain your resistance by immunization.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 37TH WEEK ENDING SEPTEMBER 12, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	0	3	0	121	331
GERMAN MEASLES	0	4	0	128	97
GONORRHEA	200	211	100	9970	9086
HEPATITIS, VIRAL	10	21	6	702	883
INFLUENZA	0	1	0	25	3
MEASLES	0	4	0	22	34
MENINGOCOCCAL INF.	0	1	0	6	5

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	1	0	14	44
MUMPS	2	5	1	101	251
PERTUSSIS	0	1	0	3	8
SALMONELLOSIS	20	7	1	96	67
SHIGELLOSIS	29	1	0	114	[illegible]
SYPHILIS	15	30	9	627	679
TUBERCULOSIS	4	8	4	217	275

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1969	1968
PNEUMONIA	3	DEATHS RECORDED FOR THE WEEK	161	157
		BIRTHS RECORDED FOR THE WEEK	265	336

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

PUBLIC LIBRARY

ELLIS D. SOY, M.D., DIRECTOR ~~SEPTEMBER 22, 1968~~ 1969

LEADING CAUSES OF DEATH FOR WHITE, NEGRO AND CHINESE, BY NUMBER AND RATE PER 100,000 ESTIMATED POPULATION, San Francisco, 1968

	WHITE		NEGRO		CHINESE	
	NO.	RATE	NO.	RATE	NO.	RATE
ALL CAUSES	7788	1422.7	717	708.5	360	580.6
Heart Disease	2786	509.0	165	163.0	116	187.1
Malignant Neoplasms	1502	274.4	136	134.4	92	148.4
Vascular Lesions, CNS	836	152.7	47	46.4	35	56.5
Cirrhosis of the Liver	450	82.2	51	50.4	5	8.1
Accidents	384	70.1	60	59.3	13	21.0
Influenza and Pneumonia	225	41.1	24	23.7	12	19.4
Suicides	194	35.4	6	5.9	8	12.9
Emphysema	131	23.9	10	9.9	3	4.8
Arteriosclerosis	129	23.6	5	4.9	5	8.1
Diabetes	115	21.0	13	12.8	8	12.9
Other Circulatory Diseases	102	18.6	18	17.8	2	3.2
Aortic Aneurysms	90	16.4	1	1.0	4	6.5
Diseases of Early Infancy	82	15.0	40	39.5	7	11.3
Ulcers, Stomach & Duodenum	59	10.8	4	4.0	8	12.9
Homicide	48	8.8	40	39.5	3	4.8

Race-specific rates for the first 15 leading causes of death in San Francisco during 1968 indicate some particular differences among ethnic groups. Whites had the highest rates for the first 12 causes and were second highest for the next three causes. Death rates for Negroes were highest for diseases of early infancy and homicide and low for suicides, arteriosclerosis, aortic aneurysms and ulcers. Chinese rates were noticeably lower for cirrhosis, accidents and other circulatory diseases. There were 65 deaths of Filipinos, 53 deaths of Japanese, 11 deaths of American Indians and 18 additional non-white deaths for a total of 147. The "other non-white" death rate was 385.8 per 100,000 population.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 38TH WEEK ENDING SEPTEMBER 19, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968	CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	3	5	0	124	331	MENINGITIS, OTHER	2	1	0	16	44
GERMAN MEASLES	1	4	0	129	97	MUMPS	0	5	2	101	253
GONORRHEA	226	278	59	10196	9364	PERTUSSIS	0	2	0	3	8
HEPATITIS, VIRAL	27	24	5	729	906	SALMONELLOSIS	2	3	0	98	69
INFLUENZA	0	0	0	25	3	SHIGELLOSIS	2	4	0	116	24
MEASLES	1	2	0	23	34	SYPHILIS	10	36	11	637	693
MENINGOCOCCAL INF.	1	1	0	7	5	TUBERCULOSIS	1	8	5	218	281

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:			1969	1968
PNEUMONIA	3	DEATHS RECORDED FOR THE WEEK	221	186
SYPHILIS	1	BIRTHS RECORDED FOR THE WEEK	373	290

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 29, 1969

DOCUMENTS

SEP 29 1969

SAN FRANCISCO PUBLIC LIBRARY

MOVING SAN FRANCISCO'S VENEREAL DISEASE CLINIC

The San Francisco Department of Public Health will be moving the City Clinic to 250 Fourth Street, between Howard and Folsom Streets, effective October 6, 1969. The hours of clinic operation remain:

Monday	9:30 A.M. - 6:00 P.M.
Tuesday	8:00 A.M. - 4:00 P.M.
Wednesday	8:00 A.M. - 4:00 P.M.
Thursday	9:30 A.M. - 6:00 P.M.
Friday	8:00 A.M. - 4:00 P.M.

The Department has operated its venereal disease program through the City Clinic at 33 Hunt Street for the past 30 years. This old converted small hotel near Third and Howard is scheduled for demolition to make way for a multi-storied office building as part of the Yerba Buena Redevelopment Project.

We feel a certain nostalgia in leaving this facility that has served San Francisco so well for many years. However, we have recognized its inadequacies and an inability to properly meet the community's needs for expanding venereal disease services. This new clinic was specifically designed to provide a functionally attractive environment to better serve our patients.

More information about the clinic and its services can be had by telephoning 558-3804.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 39TH WEEK ENDING SEPTEMBER 26, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	2	5	0	126	331
GERMAN MEASLES	2	3	1	131	98
GONORRHEA	366	379	94	10562	9743
HEPATITIS, VIRAL	16	27	3	745	928
INFLUENZA	0	2	0	25	3
MEASLES	0	3	0	23	34
MENINGOCOCCAL INF.	0	0	0	7	5
MENINGITIS, OTHER	1	1	0	17	45
MUMPS	0	7	1	101	254
PERTUSSIS	0	0	0	3	8
SALMONELLOSIS	0	13	3	98	74
SHIGELLOSIS	1	7	0	117	26
SYPHILIS	25	29	6	662	699
TUBERCULOSIS	3	14	2	221	284

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	3
TUBERCULOSIS	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	173	179
BIRTHS RECORDED FOR THE WEEK	303	401

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 6, 1969

PREVENTIVE DENTISTRY PILOT PROGRAM

The enormity of the dental problem among the citizens in the United States is such that the only feasible way to attack it successfully is by preventive dentistry. The first step in any preventive dentistry program is dental education, including good oral hygiene and home care techniques.

The San Francisco Department of Public Health, through its Dental Bureau has completed a pilot program of dental education in the elementary and junior high schools in Health District #4. Included are the schools of the North Beach-Chinatown area as well as those South of Market. The following schools, both public and parochial, participated: Commodore Stockton, Garfield, Jean Parker, Bessie Carmichael, Washington Irving, Spring Valley, Sarah B. Cooper, John Hancock, St. Mary's, Salesian, St. Joseph's and Francisco Junior High School.

The program began with St. Mary's school last spring. Posters and miniatures were displayed and distributed. Movies on good dental hygiene were shown. Each classroom of the elementary schools was visited by a member of the dental task force team consisting of a dentist, dental hygienist and public health nurse. Good tooth brushing technique was demonstrated and good dental habits explained. Questions from students about dental health were answered during these classroom sessions. Finally, the San Francisco Health Department presented each student with a tooth brush and tooth paste so they could practice what they had been taught. In all, over 5,000 tooth brush kits were given out by the end of the school year.

Other San Francisco schools will be considered for this program after evaluation of this pilot project.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 40TH WEEK ENDING OCTOBER 3, 1969

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	0	4	0	126	332
GERMAN MEASLES	1	4	0	132	98
GONORRHEA	319	327	89	10881	10070
HEPATITIS, VIRAL	13	25	5	758	953
INFLUENZA	0	0	0	25	3
MEASLES	0	7	0	23	34
MENINGOCOCCAL INF.	0	1	0	7	5

CASES REPORTED:	FOR THE WEEK	1964-68 RANGE HIGH	1964-68 RANGE LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	1	0	17	45
MUMPS	2	8	1	103	258
PERTUSSIS	1	1	0	4	8
SALMONELLOSIS	2	12	1	100	78
SHIGELLOSIS	1	2	0	118	26
SYPHILIS	10	35	17	672	734
TUBERCULOSIS	1	11	7	222	293

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA

	1969	1968
DEATHS RECORDED FOR THE WEEK	137	145
BIRTHS RECORDED FOR THE WEEK	299	424

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. FOX, M.D., DIRECTOR — OCTOBER 13, 1969

THE MEDICAL CHECKUP

The concept of a regular health appraisal of a seemingly well person is not new in Public Health. It is estimated that over one-half of all visits to pediatricians are for health supervision. Obstetricians help insure healthier babies and mothers through the prenatal examinations. The San Francisco Department of Public Health conducts clinics for well babies and our medical, dental and nursing personnel provide school examinations of students in both public and parochial schools.

There is an increasing need for early discovery of illnesses associated with the middle-aged and older. The effects of chronic diseases such as cancer, diabetes, and those of the heart and blood vessels, for example, can be lessened by diagnosis and treatment during the early stages. Yet many people disregard little danger signals, and seek medical attention only after symptoms are so severe they cannot be ignored. To some, the fear that an examination may reveal a serious illness acts as a deterrent. A more rational and positive point of view accepts the doctor as a health counselor, and the value of knowing one way or the other, one's own health status. If the doctor's health appraisal reveals no sign of trouble, - this is encouraging. If hidden trouble is discovered, it gives the physician the opportunity to act promptly for the patient's health and perhaps avoids unnecessary suffering or long expensive treatment. Further, the health checkup affords an opportunity for the doctor to help the person gain a better understanding of his health needs, both mental and physical, and improve his personal health practices.

It might be well for all of us to establish a pattern of getting an annual physical examination during the month of our birthday, which would serve as a reminder. The family doctor is the logical person to conduct this annual examination. We should look on him as an ally in our efforts to enjoy healthy lives.

STATISTICAL REPORT CERTAIN COMMUNICABLE DISEASES FOR THE 41ST WEEK ENDING OCTOBER 10, 1969

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	RANGE 1964 - 1968 LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	0	1	0	126	333
GERMAN MEASLES	0	2	0	132	100
GONORRHEA	273	305	107	11154	10375
HEPATITIS, VIRAL	16	32	2	774	985
INFLUENZA	0	3	0	25	3
MEASLES	0	1	0	23	34
MENINGOCOCCAL INF.	0	0	0	7	5
MENINGITIS, OTHER	2	2	0	19	46
MUMPS	0	10	1	103	263
PERTUSSIS	0	1	0	4	8
SALMONELLOSIS	0	5	1	100	80
SHIGELLOSIS	3	5	0	121	27
SYPHILIS	23	23	14	694	749
TUBERCULOSIS	6	11	6	228	304

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
MENINGITIS, OTHER	1
PNEUMONIA	6

	1969	1968
DEATHS RECORDED FOR THE WEEK	179	144
BIRTHS RECORDED FOR THE WEEK	290	309

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 20, 1969

PLASTIC BAG AND WRAPPER HAZARD

A dangerous by-product of modern technological development has been found in the misuse of thin plastic bags and wrappers which can cause suffocation if brought to the face. This plastic material is polyethylene, four to six thousandths of an inch thick,which is a very useful product as a protective covering for cleaned garments, foods, and other goods. In appearance it is shiny, soft-to-the-touch, silky, pliable and has "see-through" characteristics. All these qualities make plastic film attractive to children as playthings.

If plastic bags are left within reach of small children they may cause disaster. Children like to pull the bags over their heads and are delighted because they can see through them. The ultra-thin film, however, may cling to the face, shutting off air from the mouth and nose. If this happens, only prompt intervention can prevent suffocation. Parents have inadvertently caused infant deaths from suffocation by the use of plastic dry-cleaning bags as improvised mattress covers, pillow covers, or mattress protectors.

Plastic bags as used by the cleaning and food packaging industries are useful articles which are here to stay. They have been accepted as another modern convenience. However, we should be aware of the risks involved when these bags are used as play things. All parents should know and observe the following precautions:

(1) After a plastic bag, cover, or wrapping has served its purpose, dispose of it! Do this by burning, or by tying it into knots, and disposing into a refuse container.

(2) Never use plastic film as a cover for mattresses, pillows, or blankets!

(3) Never let children play with plastic film or leave it about where they can have access to it!

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 42ND WEEK ENDING OCTOBER 17, 1969

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	RANGE 1964 - 1968 LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	0	7	0	126	335
GERMAN MEASLES	1	2	0	133	102
GONORRHEA	341	269	108	11495	10644
HEPATITIS, VIRAL	14	32	4	788	1017
INFLUENZA	0	0	0	25	3
MEASLES	0	3	0	23	34
MENINGOCOCCAL INF.	0	2	0	7	6

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	RANGE 1964 - 1968 LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	1	2	0	20	46
MUMPS	1	13	1	104	264
PERTUSSIS	1	1	0	5	8
SALMONELLOSIS	0	4	2	100	84
SHIGELLOSIS	1	3	1	122	28
SYPHILIS	30	32	14	724	766
TUBERCULOSIS	9	13	4	237	311

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
MENINGITIS, OTHER	2
PNEUMONIA	2

	1969	1968
DEATHS RECORDED FOR THE WEEK	175	200
BIRTHS RECORDED FOR THE WEEK	323	407

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 27,1969

BEWARE OF MEDICAL QUACKS

There has always been an understandable time lag between the development of medical knowledge and the opportunity for the public to understand it and make sound application in maintaining personal health. Nevertheless, it is often surprising in this scientific age of far-reaching medical progress to find the quack healer still in business with a continual reservoir of citizens who are willing to use his services. The popularity of thousands of charlatans who guarantee quick cures for every disease known, and who extract millions of dollars from their gullible patients every year, reminds us of the superstitious Dark Ages in Europe rather than modern civilized America.

Some of these cultists and "healers" do not even accept the fact that certain diseases are caused by specific germs. They maintain that all diseases have a single cause and that appendicitis, heart disease and pneumonia, for example, can all be cured by a single method. To impress the credulous, many use fantastic devices with countless tubes and wires, shiny cylinders and complicated dials. Others advertise their individual nostrums as cure-alls or have an "atomic treatment," a "radar cure," a new diet or some other bizarre scheme with no basis in medical fact. These self-styled "doctors" prey on the hopeless - the unfortunate group of desperate people who are incurably sick. Thriving on ignorance, they arouse false hope with their "guaranteed cures" and actually prolong illness in those who might otherwise be cured by competent, qualified health care professionals. Further, a big following may be built up by curing the patient of something he never had. The person whose illness is erroneously diagnosed as cancer and who is "cured" after a series of treatments will be most grateful and will testify, even in a court of law, to the quack's healing ability.

The well trained, licensed practitioner in the healing arts is cautious. He knows that certain diseases can only be checked and not all diseases can be cured. In contrast, the quack healer, with little or no professional training, usually guarantees a cure or treats for an illness the patient does not have. The public can best reap the benefits of medical progress by recognizing that it is the scientific, competent and licensed practitioner who is best qualified in our society to diagnose and treat sick bodies- a license predicated on years of schooling, practical clinical experience and continued post-graduate training.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 43RD WEEK ENDING OCTOBER 24, 1969

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	RANGE 1964 - 1968 LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	6	32	1	132	336
GERMAN MEASLES	0	3	0	133	102
GONORRHEA	289	280	94	11784	10924
HEPATITIS, VIRAL	18	29	6	806	1046
INFLUENZA	0	0	0	25	3
MEASLES	0	5	0	23	34
MENINGOCOCCAL INF.	0	1	0	7	6

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	RANGE 1964 - 1968 LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	1	2	0	21	46
MUMPS	3	16	3	107	268
PERTUSSIS	0	0	0	5	8
SALMONELLOSIS	0	6	0	100	88
SHIGELLOSIS	3	1	0	125	29
SYPHILIS	20	25	14	743	780
TUBERCULOSIS	8	20	6	245	322

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
PNEUMONIA	4

	1969	1968
DEATHS RECORDED FOR THE WEEK	180	208
BIRTHS RECORDED FOR THE WEEK	362	313

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

November 10, 1969

DOCUMENTS

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ACCIDENTAL DEATHS OF SAN FRANCISCO RESIDENTS, 1968

AGE GROUP AND TYPE OF ACCIDENT	TOTAL	UNDER 5	5-14	15-24	25-44	45-64	65 & Over
TOTAL	465	12	16	66	101	139	131
Motor Vehicle	157	-	8	45	33	37	34
Falls	121	-	-	3	21	31	66
Poisoning	47	-	-	6	18	18	5
Suffocation	33	9	-	-	4	13	7
Fire	26	1	-	1	2	13	9
Drowning	25	2	3	7	5	6	2
Firearms	9	-	1	2	4	2	-
All Other	47	-	4	2	14	19	8
Home Accidents (Included in above figures)	151	10	2	9	26	56	48

Deaths by type of accident in various age groups are shown in the above table. Motor vehicle accidents were nearly 34% of the total in 1968 as against 31% in 1967; nearly 31% of these deaths were pedestrians. Falls caused 26% of the accidental deaths and nearly 49% of the falls occurred at home. Poisoning accounted for 10% of the fatal accidents and of these, 81% occurred at home. In fact, nearly one-third of all accidental deaths were the result of accidents in the home.

These data do not reflect the enormous problem of non-fatal home accidents, an estimated 20% of which result in disability - often permanent. Practically all accidents are preventable - if one not only "drives defensively" but also "lives defensively".

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 45TH WEEK ENDING NOVEMBER 7, 1969

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	LOW	TO DATE 1969	1968
Chickenpox	4	5	1	138	340
German Measles	1	6	0	134	105
Gonorrhea	332	257	106	12419	11440
Hepatitis, Viral	18	33	3	839	1074
Influenza	0	1	0	25	3
Measles	0	3	0	23	34
Meningococcal Inf.	0	0	0	7	6

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	LOW	TO DATE 1969	1968
Meningitis, Other	1	2	0	22	48
Mumps	4	15	2	111	276
Pertussis	3	0	0	8	8
Salmonellosis	5	6	1	109	100
Shigellosis	3	3	0	133	33
Syphilis	21	23	12	791	813
Tuberculosis	19	14	9	267	354

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 3

	1969	1968
DEATHS RECORDED FOR THE WEEK	187	179

11-17-69

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director

November 17, 1969

CARBON MONOXIDE POISONING FROM GAS HEATERS

NOV 1 7 1969

The coming of colder weather brings increased dangers from the use of gas heating appliances. By far the most important agent in home accident gas poisoning is carbon monoxide. It is also one of the most dangerous poisons because (1) it gives no warning of its presence, since it can be neither seen nor smelled; (2) it combines with the body's red blood cells 200 times as easily as oxygen, which it displaces; (3) it can be and often is fatal. Exposure to even mild doses of this insidious gas may produce symptoms of temporary dizziness, faintness and nausea. Long exposure brings about shortness of breath, unconsciousness and death. The latter symptoms may come on so gradually that they are not noticed until one is too overcome to help himself.

The presence of carbon monoxide in the home is usually due to leakage from one of the following sources: improperly adjusted gas burners; gaspipes; rubber hose connections between gas fixtures; room or water heaters without proper exhaust outlets; inadequately vented furnaces; an automobile left running in a closed garage. Even a slight leakage from any of these sources can poison people in their home.

It takes a combination of two causes to bring about carbon monoxide poisoning-- (1) Improper burning of fuel; (2) Insufficient ventilation. When one of these causes occurs without the other, the effects may not be serious. But, when both occur at the same time, death can result, sometimes very quickly. The following simple precautions will prevent most of the dangers.

(1) Have all fuel burning equipment checked annually for proper adjustment and repair.

(2) Make sure that all furnaces, stoves, and heaters are properly vented to the outside, using only rigid metal piping.

(3) Provide a source of ventilation whenever a furnace, heater or gas appliance is in use.

(4) If a gas appliance is not working properly, shut it off immediately and call in a gas appliance expert.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 46TH WEEK ENDING NOVEMBER 14, 1969

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	LOW	TO DATE 1969	1968
CHICKENPOX	1	24	1	139	341
GERMAN MEASLES	0	5	0	134	106
GONORRHEA	310	277	84	12729	11636
HEPATITIS, VIRAL	10	21	5	849	1095
INFLUENZA	0	1	0	25	3
MEASLES	0	3	0	23	34
MENINGOCOCCAL INF.	0	1	0	7	6

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	LOW	TO DATE 1969	1968
MENINGITIS, OTHER	2	2	0	24	49
MUMPS	0	16	3	111	292
PERTUSSIS	0	3	0	8	10
SALMONELLOSIS	4	6	1	113	103
SHIGELLOSIS	1	5	0	134	33
SYPHILIS	9	22	16	800	831
TUBERCULOSIS	15	13	3	282	367

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	3
TUBERCULOSIS	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	151	176
BIRTHS RECORDED FOR THE WEEK	203	301

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR November 24, 1969

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SKIING INJURIES

Skiing is an excellent participant sport which has become one of America's most popular winter activities. During winter week-ends there is an exodus of many San Franciscans to the numerous ski resorts of northern California. However, this widespread increase in skiing has brought a consequent increase in injuries, which is of concern to the medical profession as well as to skiers and the ski industry. While exact data on injuries to skiers is not readily available, a few studies have indicated that out of 1,000 skiers on the slopes each day, about three will be injured. If skiing conditions are poor, the ratio may mount much higher. Sprains are the most frequent type of injury followed by fractures. Together they make up roughly three-fourths of skiing injuries. Injuries to the ankle and knee are the most frequent. Physicians report that most accidents involve beginners who lose control. Poor physical conditioning, faulty technique, lack of experience and excessive speed produce loss of control. Fatigue is also a factor and many accidents occur in the afternoon, after long periods of activity.

Most ski injuries are preventable and unnecessary. The better ski resorts mark their trails well, close slopes when conditions become dangerous and maintain a constant safety campaign to prevent injuries. Ski instructors and the ski patrol teach participants the elements of ski safety and caution them on the dangers of skiing when fatigued.

The individual skier can do much to prevent injury to himself by (1) being physically fit, (2) using good equipment and (3) learning to ski under control. In a sport which can be as strenuous as skiing, and which is carried out in rarefied altitude where there is snow, physical fitness can be of prime importance. The heart, in a person not used to exercise or the altitude needs to be acclimated. Exercises to strengthen the legs, particularly knees and ankles, before attempting to ski is recommended. Good equipment includes release bindings, goggles and safety straps on skis. With the guidance of a good instructor, the novice must learn to ski under control and to avoid fatigue. Finally, skiers are urged to learn about the resort's danger areas and safety precautions and act accordingly.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 47TH WEEK ENDING NOVEMBER 21, 1969

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	LOW	TO DATE 1969	1968
CHICKENPOX	2	5	2	141	344
GERMAN MEASLES	4	5	0	138	109
GONORRHEA	220	262	87	12949	11898
HEPATITIS, VIRAL	19	31	1	868	1126
INFLUENZA	0	0	0	25	3
MEASLES	0	6	0	23	34
MENINGOCOCCAL INF.	0	0	0	7	6

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	LOW	TO DATE 1969	1968
MENINGITIS, OTHER	1	2	0	25	49
MUMPS	4	11	5	115	297
PERTUSSIS	0	1	0	8	10
SALMONELLOSIS	5	6	2	118	106
SHIGELLOSIS	1	2	0	135	33
SYPHILIS	39	21	10	839	841
TUBERCULOSIS	7	12	6	289	373

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

INFLUENZA	1
MENINGITIS, H. INFLUENZA	1
PNEUMONIA	8

	1969	1968
DEATHS RECORDED FOR THE WEEK	219	232
BIRTHS RECORDED FOR THE WEEK	306	322

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director

December 8, 1969

THE HAZARDS OF BEING A PEDESTRIAN

The coming of the winter months with their generally adverse weather conditions brings an especially hazardous situation for the pedestrian and emphasizes the need for increased vigilance and caution at this time. The shorter days with early approach of darkness, the difficulty of sudden stops by motorists on wet or slippery streets and the frequent reduced visibility from rain or other inclement weather - all contribute to the dangers of both driving and walking. The increased pace from holiday shopping and visiting brings more vehicular traffic and more pedestrians on the streets which adds to the traffic hazards. Inevitably, some people in a hurry or fatigued will be careless and may endanger themselves and others by taking chances.

During 1968 there were 157 deaths to S.F. residents resulting from motor vehicle accidents. Of this number, 48 or nearly one-third were pedestrians. Also, 21 or 44% of these pedestrian fatalities occurred to residents who were 65 years of age or over. This especially hazardous situation for the pedestrian, particularly for the older one, emphasizes the need to observe the following simple safety rules, and all of us are pedestrians, at least part-time.

1. Cross the street at corners only and in cross walks. Never step into the street from between parked cars. Never jaywalk.

2. Wait on the sidewalk - not in the street, and cross only on green light or WALK. Watch for cars turning, even though you have the right-of-way.

3. Be especially careful after getting off a bus or streetcar.

4. Walk on the left facing traffic where there are no sidewalks.

5. Be doubly careful after dark and in rainy weather. Carry or wear something white or light colored.

6. Parents should hold the hand of a young child for protection and teach him to walk in safety. Remember, children are great imitators so parents need to set a good example and be certain that their own actions can be safely copied.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 49TH WEEK ENDING DECEMBER 5, 1969

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	LOW	TO DATE 1969	1968
CHICKENPOX	3	22	3	144	350
GERMAN MEASLES	0	5	0	138	109
GONORRHEA	269	289	94	13556	12506
HEPATITIS, VIRAL	13	27	4	888	1167
INFLUENZA	0	1	0	25	4
MEASLES	4	8	0	27	34
MENINGOCOCCAL INF.	0	1	0	7	6

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	LOW	TO DATE 1969	1968
MENINGITIS, OTHER	2	4	0	30	52
MUMPS	3	45	6	118	312
PERTUSSIS	0	0	0	8	10
SALMONELLOSIS	5	6	0	128	112
SHIGELLOSIS	0	6	0	139	39
SYPHILIS	22	21	12	884	881
TUBERCULOSIS	4	18	5	298	382

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4
TUBERCULOSIS	3

	1969	1968
DEATHS RECORDED FOR THE WEEK	203	225
BIRTHS RECORDED FOR THE WEEK	276	242

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director

December 17, 1969

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TOO MANY CALORIES

A few decades ago public health workers were most concerned with controlling communicable diseases and improving environmental sanitation. Today many of the major causes of illness and death of former years have yielded to the new weapons of medical science and to persistent efforts on the part of medical doctors and public health agencies. As a result, other conditions have been coming to the fore as major public health problems. One such problem, characteristic of a land of plenty, is the condition of being overweight or obese. It has been observed that obesity has replaced the vitamin deficiency diseases as the leading nutrition problem in the United States. While there are no exact figures, it is estimated that at least one-third of adults over the age of 40 years are more than 20 per cent above their best weights.

Studies by insurance companies and various research groups all over the county indicate that the obese die younger than people of normal weight. Obesity is associated with a high incidence of heart and circulatory diseases, diabetes, cirrhosis of the liver, gall bladder disease and hernia. Overweight people run a greater risk when surgery is necessary and also seem to have less resistance to infections. Complications in pregnancy occur more frequently in overweight women.

On the other hand, life is more confortable and enjoyable for those whose weight is within normal limits. They are apt to live longer because of better resistance to infections and organic diseases. In addition to feeling better, they look better, an important consideration in a day when nearly everyone is "appearance conscious".

While there are numerous contributing influences, it is an accepted fact that most people are overweight simply because they eat more food than they need. Body metabolism begins to slow down between the ages of thirty and forty, less food is needed to do the job of running the human machine and excess food is then stored as fat. As with most other health problems, prevention is better than attempting a cure. Establishing good food eating habits early in life, or changing long-established poor eating habits is never easy. Crash low calorie diets usually afford only temporary benefit. If we can begin today to develop a pattern of good food practices, we will be on the way toward reaching the desirable weight which makes for optimum health and maximum life expectancy.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 50TH WEEK ENDING DECEMBER 12, 1969

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	LOW	TO DATE 1969	1968
CHICKENPOX	1	20	1	145	351
GERMAN MEASLES	1	14	1	139	110
GONORRHEA	225	313	126	13781	12760
HEPATITIS, VIRAL	20	19	2	908	1186
INFLUENZA	0	4	0	25	8
MEASLES	0	39	0	27	34
MENINGOCOCCAL INF.	0	1	0	7	6

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	LOW	TO DATE 1969	1968
MENINGITIS, OTHER	0	3	0	30	52
MUMPS	0	19	7	118	328
PERTUSSIS	0	3	0	8	12
SALMONELLOSIS	11	3	0	139	115
SHIGELLOSIS	3	4	0	142	43
SYPHILIS	6	20	12	890	900
TUBERCULOSIS	3	26	3	301	390

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	3
TUBERCULOSIS	1

	1969	1968
DEATHS RECORDED FOR THE WEEK	178	203
BIRTHS RECORDED FOR THE WEEK	316	211

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — December 22, 1969

MERRY CHRISTMAS

AND A

HAPPY NEW YEAR!

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From the employees of the

San Francisco Department of Public Health

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 51ST WEEK ENDING DECEMBER 19, 1969

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	RANGE 1964 - 1968 LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	1	10	0	146	351
GERMAN MEASLES	0	7	0	139	110
GONORRHEA	526	359	84	14307	15149
HEPATITIS, VIRAL	13	22	1	920	1197
INFLUENZA	0	10	0	25	18
MEASLES	0	6	0	27	34
MENINGOCOCCAL INF.	0	2	0	7	8

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	RANGE 1964 - 1968 LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	3	1	0	33	52
MUMPS	1	29	2	119	331
PERTUSSIS	0	0	0	8	12
SALMONELLOSIS	0	4	1	139	119
SHIGELLOSIS	1	3	1	143	46
SYPHILIS	16	28	14	906	927
TUBERCULOSIS	5	10	3	306	399

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	7
TUBERCULOSIS	2

	1969	1968
DEATHS RECORDED FOR THE WEEK	173	237
BIRTHS RECORDED FOR THE WEEK	379	315

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director — December 29, 1969

DISTRICT HEALTH CENTERS

Hospitalization is the major cost factor in health care today. If the cost of medical care is to be significantly reduced, then the length of hospitalization must be markedly decreased. The development of diagnostic, therapeutic and preventive medical services is the only means of significantly reducing hospitalization, by the prevention of disease and the early diagnosis and treatment of existing diseases. Early diagnosis and treatment also provides secondary prevention by preventing or decreasing the degree of disability in chronic illnesses. The most effective and efficient utilization of outpatient services is achieved by providing services in a manner, and at a time and place that are acceptable to patients, especially to those from the lower economic levels, and particularly for immigrants, migrants, or other minority groups.

The concept of neighborhood health centers was developed in San Francisco in 1960, to provide preventive medical services, and to cooperate with existing health care facilities and private physicians to maintain continuity of services for their patients in the community. The decentralization of Health Department services to the neighborhoods evolved through the combined efforts of many local and state professional health agencies and workers, and neighborhood representatives and recipients of these services. The plan converted ten public health nursing centers to complete district health centers serving from 120,000 to 200,000 people. The city was divided into five health districts, with boundaries based upon: (1) social, cultural and ethnic background of the population; (2) common social, health and educational problems; and (3) the size of the health and social problems. Residents and representatives of various communtiy and neighborhood agencies and organizations assisted in determining the district boundaries, the major problems related to each district, suggested locations for the district center, and suggested ways for providing more effective and acceptable services.

The District Health Centers are under the administrative control of the Assistant Director of Public Health. Each has a District Health Officer, in charge of the programs for that particular district. Although every district provides the same general program which are of major concern to that particular neighborhood. Thus, the program is tailored to meet the needs of the neighborhood, while at the same time providing general total public health services.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 52ND WEEK ENDING DECEMBER 26, 1969

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	LOW	TO DATE 1969	1968	CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	LOW	TO DATE 1969	1968
CHICKENPOX	3	6	1	[illegible]	[illegible]	MENINGITIS OTHER	0	1	0	33	52
GERMAN MEASLES	0	25	0	139	110	MUMPS	1	9	0	120	331
GONORRHEA	319	246	112	14626	13465	PERTUSSIS	0	0	0	8	12
HEPATITIS, VIRAL	8	19	2	928	1207	SALMONELLOSIS	1	3	1	140	121
INFLUENZA	0	3	0	25	21	SHIGELLOSIS	0	2	1	143	48
MEASLES	0	6	0	27	34	SYPHILIS	24	22	7	930	934
MENINGOCOCCAL INF.	1	2	0	8	8	TUBERCULOSIS	36	26	9	342	409

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1969	1968
HEPATITIS, VIRAL	1	DEATHS RECORDED FOR THE WEEK	146	195
SYPHILIS	1			
PNEUMONIA	3	BIRTHS RECORDED FOR THE WEEK	227	165

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

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Ellis D. Sox, M.D., Director

January 5, 1970

GREETINGS AND BEST WISHES FOR 1970

The more than 4,000 employees of the Department of Public Health extend to the people of San Francisco - our employers - best wishes for a healthful and happy 1970 and for the whole decade which starts this week. Through the cooperation of many departments of City government, the office of Mayor Alioto, and the Board of Supervisors, we can look back on a year of more advancement than in any recent prior year.

Construction has started on the replacement of San Francisco General Hospital. We are about to embark on a new program directed against alcoholism, which affects at least 10% of all the adults in San Francisco. We have maintained a relatively healthful environment; we have been able to control major communicable diseases, with the exception of syphilis and gonorrhea; we have had no major disasters which would adversely affect the health of the people of San Francisco; and all the signs and symptoms indicate that we are pointed in the right direction. Our staff is devoted to their duties, and consideration is being given increasingly to the needs of the public as expressed by them. This comes about as a result of increased communication with the public, who are the consumers of our services.

Perhaps the major adverse observation is that venereal diseases, especially gonorrhea, continue to rise, the number of cases reported in 1969 being approximately twice the number reported in 1966. The obvious reason for this is increased exposure, which is a reflection on the shifting pattern of human behavior which affects the culture as a whole.

The administration of the department appreciates the devotion of our employees who serve the people of San Francisco. We appreciate also the work of many volunteers providing direct services to our patients, the many hours of time devoted by staff members beyond the call of duty, and the advice and counsel of members of the Health Advisory Board and the Mental Health Advisory Board; and last but not least, we appreciate the cooperation and fine working relationship that exists between the administration of this department and the Chief Administrative Officer, Mr. Thomas J. Mellon.

Let us hope that the decade of the 70's will lead us to an even higher plane than we attained during the 60's.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 53RD WEEK ENDING JANUARY 2, 1970

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	RANGE 1964 - 1968 LOW	TO DATE 1969	TO DATE 1968
CHICKENPOX	1	6	1	150	352
GERMAN MEASLES	0	25	0	139	110
GONORRHEA	292	246	112	14918	13365
HEPATITIS, VIRAL	8	19	2	936	1207
INFLUENZA	0	3	0	25	21
MEASLES	0	6	0	27	34
MENINGOCOCCAL INF.	0	2	0	8	8

CASES REPORTED:	FOR THE WEEK	RANGE 1964 - 1968 HIGH	RANGE 1964 - 1968 LOW	TO DATE 1969	TO DATE 1968
MENINGITIS, OTHER	0	1	0	33	52
MUMPS	0	9	0	120	331
PERTUSSIS	0	0	0	8	12
SALMONELLOSIS	0	3	1	140	121
SHIGELLOSIS	1	2	1	144	48
SYPHILIS	35	22	7	965	934
TUBERCULOSIS	4	26	9	346	409

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	4

	1969	1968
DEATHS RECORDED FOR THE WEEK	189	195
BIRTHS RECORDED FOR THE WEEK	216	165

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director — January 12, 1970

SAN FRANCISCO'S POPULATION BY ETHNIC GROUPS

ETHNIC GROUP	ESTIMATE 1969	U.S. CENSUS 1960	1950	1940
TOTAL	706,900	740,316	775,357	634,536
White	504,000	604,403	693,888	602,701
Nonwhite	202,900	135,913	81,469	31,835
Negro	102,000	74,383	43,502	4,846
Chinese	62,400	36,445	24,813	17,782
Japanese	11,800	9,464	5,579	5,280
Filipino	20,200	12,327	Included in	"Other"
Other	6,500	3,294	7,575	3,927
	PERCENT IN EACH ETHNIC GROUP			
TOTAL	100.0	100.0	100.0	100.0
White	71.3	81.6	89.5	95.0
Nonwhite	28.7	18.4	10.5	5.0
Negro	14.4	10.1	5.6	0.8
Chinese	8.8	4.9	3.2	2.8
Japanese	1.7	1.3	0.7	0.8
Filipino	2.9	1.7	Included in	"Other"
Other	0.9	0.4	1.0	0.6

The provisional estimate of total population for July 1, 1969, made by the California State Department, was 706,900. This is a decrease of 33,416 over the 1960 Census figure of 740,316. Since 1960, the racial composition of the population has continued to change in numbers and percentages as shown above. The nonwhite population largely composed of the Negro, Chinese, Japanese and Filipino ethnic groups, has grown from 135,913 or 18.4% of the population in 1960 to 202,900 or 28.7% in 1969. Conversely, in 1969 the White or Caucasian population made up 71.3% of the population compared with 81.6% in 1960.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 1ST WEEK ENDING JANUARY 9, 1970

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	LOW	TO DATE 1970	1969
CHICKENPOX	4	12	1	4	1
GERMAN MEASLES	0	3	0	0	0
GONORRHEA	234	204	79	234	204
HEPATITIS, VIRAL	19	15	1	19	13
INFLUENZA	0	1	0	0	1
MEASLES	0	5	0	0	0
MENINGOCOCCAL INF.	0	3	0	0	0

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	LOW	TO DATE 1970	1969
MENINGITIS, OTHER	0	1	0	0	0
MUMPS	0	17	1	0	1
PERTUSSIS	0	0	0	0	0
SALMONELLOSIS	1	3	0	1	3
SHIGELLOSIS	0	2	0	0	3
SYPHILIS	7	25	2	7	11
TUBERCULOSIS	6	13	3	6	3

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 5

	1970	1969
DEATHS RECORDED FOR THE WEEK	237	222
BIRTHS RECORDED FOR THE WEEK	308	176

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JANUARY 19, 1970

DOCUMENTS

JAN 27 1970

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1969 PROVISIONAL ESTIMATES OF RECORDED BIRTHS AND DEATHS IN SAN FRANCISCO

	BY OCCURRENCE IN SAN FRANCISCO	
	1969 PROVISIONAL	1968 FINAL
LIVE BIRTHS	15,200	15,258
DEATHS	9,600	9,605
DEATHS UNDER 1 YEAR	310	300
NEONATAL DEATHS (UNDER 28 DAYS)	220	232
MATERNAL DEATHS	3	4
FETAL DEATHS	200	196

SOME IMPORTANT CAUSES BY OCCURRENCE, PROVISIONAL FIGURES

HEART DISEASE	3,200	3,163
CANCER	2,100	2,149
CEREBROVASCULAR DISEASE	910	881
CIRRHOSIS OF LIVER	500	541
ACCIDENTS	420	451
INFLUENZA AND PNEUMONIA	290	230
SUICIDES	280	241
EMPHYSEMA	170	143
HOMICIDE	150	108
CERTAIN DISEASES OF EARLY INFANCY	140	189
DIABETES	140	130
AORTIC ANEURYSM	130	127
CONGENITAL MALFORMATIONS	130	123
ARTERIOSCLEROSIS	100	110
ULCERS OF STOMACH AND DUODENUM	90	76

Again in 1969, as in each year since the high of 20,804 in 1961, the number of recorded births will probably be smaller than in the preceding year. The number and percent of non-resident births are also declining; the number in 1969 may not be more than 4600 or 30% of the total births. In the year 1968 the number was 4638 or 30.4% and in 1966 the number was 5034 or 32.2%.

About 17% of recorded deaths will be non-resident. As in other years, the highest proportion (more than one-half) of non-resident deaths by cause was for congenital malformations. About 31% of the deaths coded to certain diseases of early infancy, 26% of the cancers, 24% of the accidents, 13% of the suicides and 12% of the homicides were non-residents.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 2ND WEEK ENDING JANUARY 16, 1970

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	LOW	TO DATE 1970	1969
CHICKENPOX	1	40	2	5	3
GERMAN MEASLES	0	12	0	0	0
GONORRHEA	248	268	77	482	439
HEPATITIS, VIRAL	11	28	2	30	41
INFLUENZA	0	9	0	0	10
MEASLES	0	10	0	0	0
MENINGOCOCCAL, INF.	0	1	0	0	1

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	LOW	TO DATE 1970	1969
MENINGITIS, OTHER	0	2	0	0	0
MUMPS	1	42	6	1	13
PERTUSSIS	0	1	0	0	0
SALMONELLOSIS	5	6	0	6	5
SHIGELLOSIS	1	5	0	1	4
SYPHILIS	15	25	6	22	28
TUBERCULOSIS	1	10	2	7	8

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
INFLUENZA	1
PNEUMONIA	5

	1970	1969
DEATHS RECORDED FOR THE WEEK	250	262
BIRTHS RECORDED FOR THE WEEK	298	397

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director — February 9, 1970

DEATHS FROM CARDIOVASCULAR-RENAL DISEASES AND RATES PER 100,000 POPULATION
San Francisco Residents, 1968

	TOTAL		MALE		FEMALE	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
TOTAL, ALL CAUSES OF DEATH	9,012	1203.7	5,165	1394.1	3,847	1017.2
CARDIOVASCULAR-RENAL DISEASES	4,455	595.0	2,433	656.7	2,022	534.6
Vascular lesions of C.N.S.	938	125.3	426	115.0	512	135.4
Rheumatic fever	4	0.5	2	0.5	2	0.5
DISEASES OF HEART	3,115	416.1	1,805	487.2	1,310	346.4
Chronic rheumatic heart	57	7.6	23	6.2	34	9.0
Arteriosclerotic heart disease	614	82.0	293	79.1	321	84.9
Coronary artery disease	1,939	259.0	1,233	332.8	706	186.7
Chronic endo & myocarditis	208	27.8	102	27.5	106	28.0
Other diseases of heart	75	10.0	48	13.0	27	7.1
Hypertension with heart	222	29.7	106	28.6	116	30.7
Hypertension without mention of heart disease	28	3.7	13	3.5	15	4.0
General arteriosclerosis	141	18.8	52	14.0	89	23.5
Aortic aneurysms	98	13.1	68	18.4	30	7.9
Other circulatory diseases	95	12.7	46	12.4	49	13.0
Nephritis, chronic & unspecified	36	4.8	21	5.7	15	4.0

There were more deaths due to diseases of the heart, blood vessels and the kidneys in San Francisco in 1968 than deaths from all other diseases put together. They accounted for 47% of the male deaths and 53% of the female deaths. Although these diseases are generally associated with the aging process, other factors such as cigarette smoking and the amount and kinds of food consumed can be controlled to help prolong life. An annual check-up by the family physician will help detect these diseases early when treatment can be most successful. Consult him at any time of the day or night when there is pain in the chest, and follow his instructions. Shortness of breath or swelling of the feet or ankles indicate heart trouble of a less emergent nature.

NOTE: February has been designated "Heart Fund Month".

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 5TH WEEK ENDING FEBRUARY 6, 1970

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	LOW	TO DATE 1970	1969
CHICKENPOX	7	26	0	21	13
GERMAN MEASLES	2	6	2	4	4
GONORRHEA	278	359	104	1418	1233
HEPATITIS, VIRAL	15	34	1	92	116
INFLUENZA	0	1	0	0	21
MEASLES	0	11	1	1	1
MENINGOCOCCAL INF.	1	1	0	1	3

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	LOW	TO DATE 1970	1969
MENINGITIS, OTHER	3	4	0	5	2
MUMPS	3	14	2	6	24
PERTUSSIS	0	0	0	0	0
SALMONELLOSIS	1	2	0	15	9
SHIGELLOSIS	0	3	0	3	4
SYPHILIS	38	23	14	107	67
TUBERCULOSIS	5	8	5	17	27

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

HEPATITIS, INFECTIOUS	1
PNEUMONIA	9

	1970	1969
DEATHS RECORDED FOR THE WEEK	177	189
BIRTHS RECORDED FOR THE WEEK	306	323

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director — February 16, 1970

ACTIVITIES OF THE SAN FRANCISCO CITY CLINIC

The San Francisco City Clinic of the Bureau of Venereal Disease Control, San Francisco Department of Public Health, moved in October 1969 to 250-4th Street from the former location it occupied for 30 years. The move came at an appropriate time as the Clinic had been rapidly outgrowing its former quarters. In addition to diagnostic and treatment services for the venereal diseases, the Bureau offers expert consultative services to physicians in the community. Its primary public health function is in the area of epidemiologic investigation, education and other control activities.

	1959	1969	PER CENT CHANGE
Total clinic visits	26,558	55,549	+ 112%
New patients	4,025	16,371	+ 307%
Re-opened cases	3,304	11,472	+ 246%
Venereal disease diagnoses	3,079	16,028	+ 420%
Total treatments	8,894	46,742	+ 427%
Total laboratory examinations	36,338	80,899	+ 123%
Epidemiologic investigations	3,861	12,202	+ 216%

The tabulation clearly demonstrates how the increasing venereal disease problem in San Francisco is reflected in Clinic activities. By reducing the number of follow-up visits, the increase in the total number of clinic visits has been kept within the limits described. No such administrative device exists to limit the number of patients previously known to the Clinic who are returning with a new complaint (re-opened cases) or new patients. These latter two categories are responsible primarily for the over 400% increase in venereal diseases diagnosed and treated. The increase in the number of laboratory examinations and epidemiologic investigations are somewhat controllable and were kept within the limits described. Only by such changes in procedures have we been ableto continue provision of the variety of services offered.

Although the most dramatic, this is but one example of how the Health Department attempts to meet changing community needs. More information about the Clinic and its services can be had by phoning 558-3804.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 6TH WEEK ENDING FEBRUARY 13, 1970

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	RANGE 1965 - 1969 LOW	TO DATE 1970	TO DATE 1969
CHICKENPOX	1	29	4	22	19
GERMAN MEASLES	1	7	0	5	4
GONORRHEA	281	242	98	1699	1465
HEPATITIS, VIRAL	16	19	1	108	132
INFLUENZA	0	1	0	0	21
MEASLES	0	8	0	1	2
MENINGOCOCCAL INF.	0	2	0	1	3

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	RANGE 1965 - 1969 LOW	TO DATE 1970	TO DATE 1969
MENINGITIS, OTHER	1	1	0	6	2
MUMPS	4	29	1	10	25
PERTUSSIS	0	1	0	0	0
SALMONELLOSIS	1	2	0	16	9
SHIGELLOSIS	2	1	0	5	5
SYPHILIS	30	33	9	137	76
TUBERCULOSIS	6	9	2	23	36

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 3

	1970	1969
DEATHS RECORDED FOR THE WEEK	148	213
BIRTHS RECORDED FOR THE WEEK	225	223

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director — February 24, 1970

OUR VOLUNTEER PARTNERS

Each year the Health Department's volunteers give their time, talents and understanding to aid in the operation of our health centers, institutions and clinics. They serve as shoppers, visitors, messengers, and chauffeurs; they assist in our administrative and clerical offices and clinics; they help in the supply and record rooms, act as receptionists, wheel patients to and from wards, do sewing, and in scores of other ways continually supplement the staff in their role of providing officially defined duties.

These volunteers, men and women, young and old, come from all walks of life and represent a cross-section of the community. They include housewives, employed persons, professional people, students, teenagers, and retired individuals. They serve because they want to help others, to belong, or through a desire to do what they can to further a worthy cause. They feel a need to use their talents and time profitably, or to make a return to society for the good fortune they themselves experienced in life. However varied the motives which inspire them, our volunteers constitute and integral part of the Health Department. The collaboration of their services enables us to fulfill our obligation toward meeting the many human needs in the community.

The volunteer partners are much more than an auxiliary labor force. They also serve as our connecting link with the community. As members of other groups and associations, they are able to bring the community's point of view to the professional health worker. In turn, as their awareness of the Health Department's role in the community grows, they are able to interpret our policies and functions to their friends and neighbors.

Day after day, week after week, volunteers report faithfully. To acknowledge our debt and our gratitude individually is an impossibility. However, we can and do express our gratitude for their efforts on behalf of the less fortunate, and to say that they deserve the support and cooperation of the entire community.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 7TH WEEK ENDING FEBRUARY 20, 1970

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	RANGE 1965 - 1969 LOW	TO DATE 1970	TO DATE 1969
CHICKENPOX	4	20	5	26	25
GERMAN MEASLES	3	15	1	8	8
GONORRHEA	313	316	103	2012	1781
HEPATITIS, VIRAL	23	22	1	131	146
INFLUENZA	0	3	0	0	24
MEASLES	0	9	1	1	3
MENINGOCOCCAL INF.	0	2	0	1	3

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	RANGE 1965 - 1969 LOW	TO DATE 1970	TO DATE 1969
MENINGITIS, OTHER	2	1	0	8	2
MUMPS	1	25	2	11	27
PERTUSSIS	0	3	0	0	0
SALMONELLOSIS	5	2	0	21	11
SHIGELLOSIS	1	5	0	6	10
SYPHILIS	21	27	4	158	80
TUBERCULOSIS	5	15	8	28	44

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA	13
SYPHILIS	1

	1970	1969
DEATHS RECORDED FOR THE WEEK	271	195
BIRTHS RECORDED FOR THE WEEK	343	246

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director — March 2, 1970

EMERGENCY MEDICAL SERVICES

The Emergency Medical Aid Services of the San Francisco Department of Public Health were started in 1876, and have developed into one of the best emergency services in the nation, which includes ambulance service in addition to emergency medical and surgical care. Treatment is of an immediate emergency nature and cares for the patient only until transfer to the General Hospital or to the care of his own physician. The Service does not replace private medical care but essentially provides a liaison between an acute medical or surgical condition and more permanent care. Thus it supplements the services of the private physician and protects the patient temporarily until he can be seen by his own doctor, or be seen at a clinic or other medical care facility. Any person in San Francisco at the time of a medical emergency can receive immediate care by one of the physicians in these hospitals at any hour of the day or night.

EMERGENCY HOSPITAL	AMBULANCE CALLS	ADMISSIONS	DISPOSITION OF CASES: DISCHARGED TO HOME	TRANSFERRED TO HOSPITALS	DECEASED
Central	17,108	18,967	15,895	2,959	116
Harbor	7,260	8,186	6,808	1,310	68
Mission	6,599	73,992	61,779	12,119	94
Alemany	5,161	16,081	14,533	1,507	41
Park	6,329	13,712	11,949	1,719	44
	(1,969 - Bayview)				
TOTAL	44,426	130,938	110,964	19,614	363

The table above shows that over 130,000 persons were admitted through the five district hospitals during 1969. This compares with 127,416 admissions in 1968. The disposition of cases are shown with Mission Emergency, which is located at San Francisco General Hospital, having the highest number of both admissions and discharges. There were 44,426 ambulance calls in 1969 compared to 39,191 in 1968. A new ambulance service, operating from District Health Center #3 was started on July 1, 1969, to provide better service to the people in the southern and southeastern part of the city.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 8TH WEEK ENDING FEBRUARY 27, 1970

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	LOW	TO DATE 1970	1969
CHICKENPOX	5	19	7	31	32
GERMAN MEASLES	0	23	1	8	10
GONORRHEA	277	302	95	2289	2083
HEPATITIS, VIRAL	10	17	3	140	159
INFLUENZA	0	33	0	0	24
MEASLES	2	15	0	3	3
MENINGOCOCCAL INF.	1	1	0	2	3

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	LOW	TO DATE 1970	1969
MENINGITIS, OTHER	1	2	0	9	4
MUMPS	0	39	4	11	34
PERTUSSIS	0	2	0	0	0
SALMONELLOSIS	0	5	0	21	16
SHIGELLOSIS	0	5	0	6	15
SYPHILIS	15	29	16	173	109
TUBERCULOSIS	2	9	3	30	50

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

PNEUMONIA 7

	1970	1969
DEATHS RECORDED FOR THE WEEK	183	248
BIRTHS RECORDED FOR THE WEEK	270	383

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director

March 9, 1970

DOCUMENTS

MAR 10 1970

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DEATH RATES PER 100,000 POPULATION FOR CIRRHOSIS OF THE LIVER BY AGE, SEX AND ETHNIC GROUP

San Francisco Residents, 1969

AGE GROUP	TOTAL			WHITE			NONWHITE		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
TOTAL ALL AGES	69.3	97.2	42.0	82.2	117.0	49.6	34.3	47.3	19.9
15-24	1.8	1.8	1.8	1.3	-	2.6	2.8	5.8	-
25-34	16.7	28.3	4.6	13.2	19.5	6.2	27.9	60.0	-
35-44	86.3	126.2	49.9	90.1	143.8	42.0	73.5	70.0	76.9
44-54	160.4	210.7	108.6	190.9	277.3	119.2	84.5	93.4	68.6
55-64	171.2	243.7	99.6	198.9	303.2	109.7	74.8	90.2	49.4
65-74	129.9	194.6	73.3	141.6	212.6	82.2	49.4	90.9	-
75 & Over	56.8	85.0	35.2	54.7	73.0	40.2	73.2	187.5	-

In 1968, cirrhosis of the liver was again the fourth leading cause of death and accounted for nearly 6% of all deaths. Male rates were generally twice as high as those for females and white rates for each sex more than twice as high as nonwhite rates. Age-sex-and-race-specific rates are based on small numbers of deaths in the youngest and oldest age groups and are subject to great variation by chance alone; there were no deaths in 4 age groups for the nonwhite females and only one death in those 15 - 24 years of age of white females and nonwhite males. Moreover estimates of the population in these age groups may be far from the true picture. The highest rate for white males is for the 55 - 64 year group and for white females ten years younger.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 9th WEEK ENDING MARCH 6, 1970

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	RANGE 1965 - 1969 LOW	TO DATE 1970	TO DATE 1969
Chickenpox	1	25	1	32	33
German Measles	1	13	1	9	12
Gonorrhea	253	281	73	2543	2364
Hepatitis, Viral	21	36	0	161	185
Influenza	0	27	0	0	24
Measles	0	23	0	3	3
Meningococcal Infection	0	5	0	2	3
Meningitis, Other	0	1	0	9	4
Mumps	5	44	3	16	37
Pertussis	0	1	0	0	0
Salmonellosis	3	2	1	24	18
Shigellosis	0	5	0	6	20
Syphilis	13	18	4	186	127
Tuberculosis	11	12	3	41	58

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1970	1969
Pneumonia	10	DEATHS RECORDED FOR THE WEEK	201	216
Syphilis	1	BIRTHS RECORDED FOR THE WEEK	316	368

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

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MAR 18 1970

ilis D. Sox, M.D., Director

March 16, 1970

POISON PREVENTION WEEK

larch 15 to 21 has been designated as National Poison Prevention Week to remind is that accidental poisoning continues to be an all too frequent, but preventible, cause of injury and death. In 1968, The National Clearinghouse for Poison Control Centers received 105,178 individual case reports. This figure does ot represent the total poison ingestions in the United States, as many cases re treated by private physicians and are not reported. Although there are far ore non-fatal poisonings than those which end in death, there were 47 deaths o San Francisco residents from accidental poisonings in 1968.

dults are often careless about taking pills and medicine which are left over rom previous illnesses. There may be a stockpile of old drugs in the family edicine cabinet, but prescribing old pills for yourself or your family, without he professional advice of a physician, can be fatal. Never borrow drugs from friend because they may "look like" those prescribed for you. This can be angerous as many pills and capsules are similar in appearance, and even the ight drug may be of different strength. Antibiotics remaining after a course f treatment should be destroyed, because they have only a limited period of ffectiveness and should not be taken without medical advice.

ost accidental poisonings in the home occur to children, particularly those nder five years of age. Aspirin accounts for a large percentage of child poisonings. There are many poisonous substances which are not labeled "poison", nd anything can be poisonous if taken in large enough doses. The degree of oisoning depends on the amount swallowed and the size of the person who wallows it. Every parent should follow these suggestions, so that the number f needless and preventable poisonings to children in the home can be drasticlly reduced: (1) Don't leave drugs or household products where children can each them. (2) Don't transfer these products to containers which children ay identify with food or drink. (3) Don't tell children that medicine is andy, particularly in the case of candied aspirin. (4) Read the label. Notice f the label contains a warning regarding usage. (5) If a child swallows a angerous substance, call a physician or the Health Department's Emergency Medical Aid Services immediately, without waiting for symptoms. Be prepared to ell the doctor the name of the product or, even better, give him the original ontainer.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 10th WEEK ENDING MARCH 13, 1970

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	RANGE 1965 - 1969 LOW	YEAR TO DATE 1970	YEAR TO DATE 1969	CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	RANGE 1965 - 1969 LOW	YEAR TO DATE 1970	YEAR TO DATE 1969
Chickenpox	1	29	8	33	46	Meningitis, Other	1	1	0	10	4
German Measles	2	43	2	11	14	Mumps	2	38	2	18	39
Gonorrhea	329	286	128	2872	2650	Pertussis	0	1	0	0	1
Hepatitis, Viral	12	25	2	173	207	Salmonellosis	3	3	1	27	21
Influenza	0	11	0	0	25	Shigellosis	0	3	0	6	22
Measles	0	29	2	3	5	Syphilis	23	23	13	209	148
Meningococcal Inf.	0	1	0	2	3	Tuberculosis	10	14	9	51	68

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1970	1969
Influenza	1	Deaths recorded for the Week	155	221
Pneumonia	3			
Tuberculosis	1	Births recorded for the Week	[illegible]	[illegible]

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director — March 30, 1970

A CLEANER ENVIRONMENT

Health Departments have long been aware that clean, wholesome and attractive surroundings contribute to the enjoyment of good physical and mental health. For this reason the enforcement of environmental sanitary regulations has always been an integral part of public health programs, with the result that today it is possible to enjoy urban life in the environment that is cleaner than ever before. But such enforcement must be supplemented by a community awareness that the task of maintaining a clean city depends on the cooperation of all. Each individual in his home, neighborhood and community must make his contribution towards the cleanliness of the environment in which he lives.

Twentieth century developments in the packaging and wrapping of foods, drinks, disposable eating and drinking utensils and non-returnable containers have not made the job of sanitation any easier. On the contrary, such developments have brought about the phenomenon of our modern "litterbug." Careless disposal of these containers and wrappings has been largely responsible for giving our streets, parks, beaches and recreation areas an unsightly appearance, particularly noticeable to visitors from other areas. Most of us are aware and concerned about this problem, but what can we do about these who are not so concerned?

Enforcement of regulations pertaining to littering is difficult, but each of us by leadership and example can exert a subtle coercion that may be even more effective than enforcement in making "litterbugs" conscious of their untidy habits. We can do this by making a point of disposing of our personal trash in receptacles provided for this purpose; by carrying litter bags in our cars when traveling; and by teaching the younger members of our families not to scatter waste materials about our streets and recreation areas. In this way each of us will be doing his part to maintain the beauty of our surroundings, and, at the same time indicating to others, who may not be so thoughtful, our pride in the city in which we live.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 12th WEEK ENDING MARCH 27, 1970

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	RANGE 1965 - 1969 LOW	YEAR TO DATE 1970	YEAR TO DATE 1969
Chickenpox	0	39	3	33	53
German Measles	1	28	0	13	22
Gonorrhea	277	302	117	3458	3212
Hepatitis, Viral	21	23	4	209	237
Influenza	0	1	0	0	25
Measles	0	36	1	3	6
Meningococcal Inf.	0	1	0	2	3

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	RANGE 1965 - 1969 LOW	YEAR TO DATE 1970	YEAR TO DATE 1969
Meningitis, Other	0	0	0	11	4
Mumps	3	40	3	22	51
Pertussis	0	0	0	0	1
Salmonellosis	1	4	0	32	31
Shigellosis	1	3	0	8	31
Syphilis	15	24	8	244	183
Tuberculosis	4	13	5	59	93

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 8

	1970	1969
Deaths recorded for the week	186	201
Births recorded for the week	343	269

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director

April 6, 1970

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SAN FRANCISCO CANCER DEATHS BY OCCURRENCE AND FOR RESIDENTS, 1968

	DEATHS BY OCCURRENCE	RESIDENTS NUMBER OF DEATHS	RESIDENTS RATE PER 100,000 POP.
TOTAL	2,149	1,752	234.0
Digestive Organs	624	569	76.0
Respiratory System	449	361	48.2
Leukemia and Lymphatic Tissues	254	156	20.8
Genital Organs	221	199	26.6
Breast	185	148	19.8
Urinary Organs	106	79	10.6
Buccal Cavity and Pharynx	74	67	8.9
Other and unspecified sites	236	173	23.1

Cancer was the second leading cause of death in 1968 in San Francisco, California and the U. S. More than a quarter (26.4%) of the recorded cancer deaths in San Francisco occurred to non-residents who are subtracted from the total number of deaths to calculate rates for residents which include San Franciscans dying else-where. 56.4% of the acute leukemia deaths were non-residents and 27.3% were under 20 years of age. Until age 55 there were more cancer deaths of residents in each 10 year age group than heart disease. However the prognosis for cancer patients is improving steadily. Early diagnosis and treatment such as surgery, radiation, chemotherapy, hormones and radioactive substances have proved valuable in halting progress of some types of cancers, lessening pain and increasing chances of survival. Everyone should be familiar with the seven danger signals of cancer calling for medical attention.

NOTE: APRIL IS CANCER CONTROL MONTH

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 13th WEEK ENDING APRIL 3, 1970

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	RANGE 1965 - 1969 LOW	YEAR TO DATE 1970	YEAR TO DATE 1969
Chickenpox	4	28	7	37	60
German Measles	0	41	3	13	25
Gonorrhea	316	262	99	3774	3474
Hepatitis, Viral	18	28	2	227	265
Influenza	0	.0	0	0	25
Measles	0	55	0	3	6
Meningococcal Inf.	0	1	0	2	3
Meningitis, Other	0	2	0	11	5
Mumps	1	52	0	23	51
Pertussis	0	4	0	0	1
Salmonellosis	4	7	0	36	35
Syphilis	28	23	12	271	199
Shigellosis	1	6	0	9	37
Tuberculosis	5	9	3	64	99

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Enteritis, acute	1
Hepatitis, viral	1
Pneumonia	4

	1970	1969
Deaths recorded for the week	161	184
Births recorded for the week	344	302

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director April 13, 1970

"LEAVES OF THREE - LET THEM BE!"

Every year thousands of Californians are afflicted with "poison oak." Despite its name, the poison oak plant is unrelated to the oak, but rather to the poison ivy plant which is not found in California. Doctors report over 3,500 cases of occupational poison oak dermatitis annually and this only a small part of all cases that occur in California. While there is comparatively little poison oak in San Francisco, the abundance of poison oak throughout the State and the high degree of human sensitivity to the shrub make it a continual dangerous hazard to the unwary.

The most effective way to prevent poison oak dermatitis is to learn to recognize it, and avoid all contact with the plant, or with objects which have been contaminated with its oily secretion. The poison oak plant is recognizable by shiny leaves which grow in three-leaf clusters - hence the slogan: "Leaves of Three - Let Them Be." The leaves are shaped something like those of a real oak, are glossy and leathery-like in appearance and change color from green in the spring to green splotched with red and then mostly red from summer on. The erect plants are two to six feet tall, sometimes winding over trees, fences and rocks and can be found anywhere except in the mountains above 5,000 feet elevation.

Poison oak is spread by direct or indirect contact with the plant which secretes a chemical substance producing the skin rash, swelling and blisters. This substance can be carried in smoke of burning plants and can contaminate clothing, tools, animals, etc. Sensitivity varies greatly with individuals and immunity is unpredictable. The appearance of the allergic rash varies from a few hours after exposure in very sensitive people to three weeks or longer in others. Likewise, there is wide variation in the duration of the illness, but usually a person is well in two or three weeks.

If exposure to poison oak occurs, the contaminated clothing should be removed and the body thoroughly washed with soap and water as soon as possible, to prevent or minimize the allergic reaction. A doctor should be consulted for treatment and for advice regarding possible preventive measures.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 14th WEEK ENDING APRIL 10, 1970

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	LOW	YEAR TO DATE 1970	1969
Chickenpox	10	57	1	47	61
German Measles	0	43	3	13	54
Gonorrhea	289	270	96	4063	3697
Hepatitis, Viral	13	32	3	240	280
Influenza	0	1	0	0	25
Measles	1	31	0	4	6
Meningococcal Inf.	0	3	0	2	4

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	LOW	YEAR TO DATE 1970	1969
Meningitis, Other	1	1	0	12	5
Mumps	3	69	1	26	52
Pertussis	0	2	0	0	1
Salmonellosis	0	2	0	36	35
Shigellosis	0	5	0	9	37
Syphilis	22	22	12	293	212
Tuberculosis	4	11	4	68	104

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Hepatitis, Viral	1
Meningitis, Pneumococcal	1
Pneumonia	4

	1970	1969
Deaths recorded for the week	163	209
Births recorded for the week	357	332

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director

April 20, 1970

VD AWARENESS MONTH

On March 9, the Board of Supervisors adopted a resolution declaring April as "VD Awareness Month" and noting that venereal disease reached an all-time high in California last year and that San Francisco is the second-ranked city in the nation in the incidence of venereal disease. During 1969, 965 cases of syphilis and 14,920 cases of gonorrhea were reported in San Francisco; 101,000 cases were reported in California. The highest incidence was among young people between 15 and 25 years of age. It is expected that one out of ten young people in California will contract VD in 1970.

The Bay Area Venereal Disease Association, a regional voluntary health organization, and the Northern California Pharmaceutical Association in conjunction with the California Department of Public Health are launching an intensive public information and educational program during the month of April. The campaign slogan "VD Hurts. Everybody" emphasizes the fact that every person is affected by this health menace--if not directly through infection, then indirectly through family involvement or taxes. The significant factors in spread of VD is general ignorance and apathy regarding these diseases. The best way to combat them is through education, providing information on prevention and treatment to the public.

Signs on billboards and public buses, posters and leaflets bearing the slogan "VD Hurts. Everybody" are appearing all over the Bay Area. Radio stations are broadcasting spot announcements by celebrities. Pharmacies have literature about VD available at their counters. Initiated by the Balboa High School Pre-Med Club, a city-wide march will be held on Saturday, April 25, sponsored by a large pharmaceutical manufacturing company. An estimated 10,000 high school students and over 1,000 teachers will go from door to door distributing venereal disease literature.

It is hoped that the "VD Awareness Month" campaign will reach every segment of the Bay Area and particularly San Francisco, especially young people, and that VD will remain on the public conscience for a long time. Knowledge about VD, how it is spread, treated and prevented, should do much to combat this serious and growing public health problem.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 15th WEEK ENDING APRIL 17, 1970

CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	RANGE 1965 - 1969 LOW	YEAR TO DATE 1970	YEAR TO DATE 1969	CASES REPORTED:	FOR THE WEEK	RANGE 1965 - 1969 HIGH	RANGE 1965 - 1969 LOW	YEAR TO DATE 1970	YEAR TO DATE 1969
Chickenpox	2	23	0	49	61	Meningitis, Other	0	1	0	12	5
German Measles	0	46	2	13	56	Mumps	3	39	1	29	53
Gonorrhea	311	261	80	4374	3958	Pertussis	0	0	0	0	1
Hepatitis, Viral	24	24	3	264	304	Salmonellosis	3	3	1	39	36
Influenza	0	9	0	0	25	Shigellosis	1	7	2	10	41
Measles	4	31	0	8	6	Syphilis	28	29	16	320	229
Meningococcal Inf.	0	1	0	2	5	Tuberculosis	13	18	5	81	111

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1970	1969
Pneumonia	4	Deaths recorded for the week	185	167
		Births recorded for the week	304	188

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director

April 27, 1970

IMMUNIZATION AND HEALTH HINTS FOR FOREIGN TRAVEL

For travel abroad, immunization against smallpox is required or all persons for re-entry into the United States, except from Canada and Mexico. Most travel immunizations can be obtained from one's usual source of medical care. A valid medical reason for not immunizing must be certified by a physician on his professional stationery. Other special required immunizations such as cholera or yellow fever, depend on the specific areas to be visited. Additional effective immunizations or boosters may also be recommended for international travel, including typhoid fever, tetanus, diptheria, and polio. Required immunizations must be recorded by the physician in a U.S. Public Health Service Form, International Certificates of Vaccination. Forms older than the September 1966 revision are no longer acceptable. All required immunizations must be validated by the San Francisco Department of Public Health, or other legally authorized agency.

Persons under medical care for a chronic illness, which may require emergency treatment, should carry a card or tag identifying this condition in medical language, which will be understood by a foreign physician regardless of the language of the country. Travellers who need special prescriptions for an existing condition should carry duplicate prescriptions, or an extra supply of the medication; those who wear glasses or contact lenses should carry a second pair, or the lens prescription.

The San Francisco Department of Public Health provides information on required and recommended immunizations, health hints on safe food and drink, and general information on safe travel practices. Many health difficulties of travellers are induced or aggravated by unwise indulgence in foreign food or drink, and allowance for too little rest on a strenuous travel schedule. The chance of spoiling vacation pleasure can be reduced by a careful preparation before departure, and observance of reasonable precautions enroute.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 16th WEEK ENDING APRIL 24, 1970

CASES REPORTED:	For the Week	RANGE 1965 - 1969 HIGH	LOW	YEAR to Date 1970	1969
Chickenpox	6	39	1	55	62
German Measles	2	28	1	15	63
Gonorrhea	321	249	70	4695	4207
Hepatitis, Viral	24	26	3	284	330
Influenza	0	0	0	0	25
Measles	1	34	1	9	7
Meningococcal Inf.	0	1	0	2	5

CASES REPORTED:	For the Week	RANGE 1965 - 1969 HIGH	LOW	YEAR to Date 1970	1969
Meningitis, Other	0	1	0	12	5
Mumps	1	41	0	30	53
Pertussis	0	0	0	0	1
Salmonellosis	6	4	0	45	36
Shigellosis	1	2	0	11	42
Syphilis	27	21	14	346	250
Tuberculosis	10	14	4	91	115

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia	4

	1970	1969
Deaths recorded for the week	164	160
Births recorded for the week	298	243

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

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Ellis D. Sox, M.D., Director

May 4, 1970

SCHOOL TUBERCULIN TESTING PROGRAM

Tuberculin skin testing is done annually in the first, seventh, tenth and twelfth grades of all schools and on all students new to San Francisco. In 1968-69 there were 32,396 students tested, of which 754, or 2.3 percent were positive reactors. All positive reactors and their immediate family contacts must be examined to determine the presence or absence of tuberculosis in the reactor and his immediate family group. As a result of these investigations, 4 new cases were found in the school children, and 3 new cases in family contacts. Two-thirds of all reactors found in the routine skin testing program during the past five years have been at the first grade level or new to San Francisco schools: the children of migrants and immigrants who recently moved to San Francisco. As a result of the intensified tuberculosis control program in San Francisco there has been a gradual decrease in the prevalence of infection in children of all ages.

PERCENT OF POSITIVE REACTORS BY GRADE AND YEAR OF TESTING

SCHOOL YEAR	GRADE 12	GRADE 7	GRADE 1
1957-58	19.9	13.3	3.9
1958-59	17.1	10.8	3.5
1959-60	14.4	7.5	2.9
1960-61	13.5	8.8	2.7
1961-62	12.7	9.8	2.7
1962-63	10.2	6.6	1.2
1963-64	11.7	7.5	1.1
1964-65	12.1	5.0	2.1
1965-66	9.5	4.3	1.2
1966-67	9.4	3.4	1.1
1967-68	6.9	4.0	1.0
1968-69	6.0	3.3	1.2

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 17th WEEK ENDING MAY 1, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	8	35	12	63	74
German Measles	6	54	2	21	72
Gonorrhea	297	281	97	4992	4488
Hepatitis, Viral	8	25	4	292	355
Influenza	0	0	0	0	25
Measles	0	58	1	9	13
Meningococcal Inf.	0	0	0	2	5
Meningitis, Other	1	1	0	13	5
Mumps	1	55	3	31	56
Pertussis	0	1	0	0	1
Salmonellosis	0	2	0	45	36
Shigellosis	3	3	0	14	45
Syphilis	23	27	20	369	271
Tuberculosis	9	13	2	100	117

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 9

	1970	1969
Deaths recorded for the week	216	167
Births recorded for the week	301	268

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director

May 11, 1970

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POPULATION BY AGE GROUP

	ESTIMATE	U.S. CENSUS		
	1969	1960	1950	1940
TOTAL	706,900	740,316	775,357	634,536
Under 5 years	55,400	58,851	62,921	30,333
5 - 14 years	109,400	98,189	75,944	61,080
15 - 24 years	128,100	91,155	99,358	90,269
25 - 44 years	148,500	199,362	262,705	229,821
45 - 64 years	165,000	199,151	200,379	171,326
65 & over "	100,500	93,608	74,050	51,707

PERCENT DISTRIBUTION

	ESTIMATE	U.S. CENSUS		
	1969	1960	1950	1940
PERCENT ALL AGES	100.0	100.0	100.0	100.0
Under 5 years	7.8	8.0	8.1	4.8
5 - 14 years	15.5	13.3	9.8	9.6
15 - 24 years	18.1	12.3	12.8	14.2
25 - 44 years	21.0	26.9	33.9	36.2
45 - 64 years	23.4	26.9	25.8	27.0
65 & over "	14.2	12.6	9.6	8.2

The provisional estimate of San Francisco population for July 1, 1969 made by the State Department of Finance was 706,900, a decrease of 33,416 or 4.5% from the 1960 Census Count of 740,316. Along with the decrease in total population there has been a 5.9% decrease in those under 5 years of age and a decrease of 21.3% in those 25-64 years of age. School age children increased 11.4% and young adults from 15-24 years of age increased 40.5%. Those 65 and over also increased both in number and as a percent of the total population. It will be interesting to compare these estimates with the 1970 Census figures when these become available later this year.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 18th WEEK ENDING MAY 8, 1970

CASES REPORTED:	For the WEEK	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969	CASES REPORTED:	For the WEEK	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	3	39	11	66	85	Meningitis, other	0	2	0	13	5
German Measles	5	69	0	26	72	Mumps	1	83	5	32	61
Gonorrhea	290	287	127	5282	4728	Pertussis	1	1	0	1	1
Hepatitis, Viral	17	33	2	309	381	Salmonellosis	0	2	0	45	37
Influenza	0	0	0	0	25	Shigellosis	1	2	0	15	45
Measles	0	49	0	9	14	Syphilis	15	25	9	384	296
Meningococcal Inf.	0	1	0	2	5	Tuberculosis	5	13	3	105	122

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:			1970	1969
Meningitis, pneumococcal	1	Deaths recorded for the week	167	175

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director — May 18, 1970

TUBERCULOSIS CASEFINDING BY X-RAY SURVEY IN SAN FRANCISCO IN 1969

During 1969 there were 104,331 chest survey films taken by the combined facilities of the Mobile Unit of the San Francisco Tuberculosis Association, and the San Francisco Health Department. A total of 74 cases of tuberculosis was discovered, of which 71 were previously unknown. The Mobile Unit took 41,299 films in community projects, finding 4 active cases, all of which were previously unknown.

The Health Department Unit at 101 Grove Street took 43,948 films finding 18 previously unknown active cases. This group includes only those who admit no contact with the disease and have no symptoms. In addition 839 individuals with symptoms requested a chest film. Since the incidence of suspicion is very high in this group, large chest films were taken revealing 11 active cases of tuberculosis, all of whom were previously unknown. Of the total 44,787 chest films taken by this unit, 29 active cases were found, all of whom were previously unknown.

The Jail X-ray Program yielded 1.5 active tuberculosis cases per 1,000 inmates examined; or 5 active cases for 3,345 films taken, of which 4 were previously unknown. The 3,824 films taken at Northeast Health Center revealed 1 previously unknown active case.

The Admission Chest X-ray Program at San Francisco General Hospital examined 11,046 patients, finding 35 Active cases of tuberculosis of which 33 were previously unknown.

These programs find active tuberculosis in people in whom it is not suspected. As a result, personnel, patients, and inmates are protected from close and prolonged exposure to communicable tuberculosis, and thus spread of the disease is controlled.

In addition to tuberculosis 40 cases of cancer of the lung were discovered through these chest survey programs.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 19th WEEK ENDING MAY 15, 1970

CASES REPORTED:	For the WEEK	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969	CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	YEAR to Date 1970	YEAR to Date 1969
Chickenpox	2	31	1	68	86	Meningitis, other	0	1	0	13	5
German Measles	2	49	4	28	76	Mumps	0	53	5	32	74
Gonorrhea	294	271	100	5576	4999	Pertussis	0	2	0	1	1
Hepatitis, Viral	24	21	5	333	402	Salmonellosis	2	4	0	47	37
Influenza	0	0	0	0	25	Shigellosis	1	3	0	16	46
Measles	0	38	0	9	15	Syphilis	37	26	9	421	305
Meningococcal Inf.	1	0	0	3	5	Tuberculosis	8	11	4	113	126

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:			1970	1969
Pneumonia	10	Deaths recorded for the week	191	189
Tuberculosis	1	Births recorded for the week	258	349

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director

May 25, 1970

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FOOD POISONING

We need to be reminded, particularly as warm weather approaches, of the constant danger from harmful bacteria which cause food poisoning. While these germs are invisible they have great ability to reproduce themselves when conditions are right and to produce food-borne disease in humans. Creamed sauces, ground meats and cream or custard filled pastries, cakes and puddings provide ideal conditions for bacteria to grow when the temperature is not properly controlled. Prepared food should be kept either hot or cold and not allowed to stand at room temperature. This is particularly true of food which is prepared and then transported to another place and not eaten until later. Family picnics, pot-luck dinners and food sales are potentially dangerous because of the kinds of foods prepared and the delay between time of preparation and consumption. The best control is care in the preparation of the food and good temperature control. KEEP HOT FOODS HOT - COLD FOODS COLD!

Staphylococcus food poisoning, the result of a toxin or poison formed in the food by the bacteria, is one of the major causes of food poisoning. It is the toxin and not the bacteria which is responsible for subsequent gastrointestinal distress. Food poisoning caused by the salmonella type of bacteria on the other hand, may be introduced into food by rodents, flies or human carriers. In both types of poisoning the common symptoms of nausea, vomiting, abdominal cramping and diarrhea are similar but vary in severity with different individuals. The staphylococcus symptoms appear in one to six hours; in salmonella food poisoning the symptoms generally appear in six to twenty-four hours.

Mussel Poisoning

Another type of food poisoning, which can be very dangerous, results from consumption of mussels. A highly toxic poison is found in mussels from late spring into autumn. This poison, found in plankton which serves as food for mussels and clams, is an organic substance whose ingestion can be fatal to humans. There is no simple visual test by which toxic mussels can be distinguished nor is the toxin destroyed by boiling. Therefore, an annual quarantine is declared from May 1 to October 31 or later, which is in effect along the entire coast of California including San Francisco Bay. The only safe rule is to avoid eating mussels during this quarantine period.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 20th WEEK ENDING MAY 22, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	1	28	2	69	88
German Measles	4	58	1	32	77
Gonorrhea	190	269	115	5766	5255
Hepatitis, Viral	11	42	3	344	426
Influenza	0	21	0	0	25
Measles	0	33	0	9	17
Meningococcal Inf.	1	0	0	4	5
Meningitis, Other	0	2	0	13	5
Mumps	3	31	2	35	76
Pertussis	0	1	0	1	1
Salmonellosis	0	3	0	47	37
Shigellosis	1	3	0	17	46
Syphilis	17	43	18	438	338
Tuberculosis	10	13	4	123	130

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia	3
Syphilis	1
Tuberculosis	1

	1970	1969
Deaths recorded for the week	190	186
Births recorded for the week	254	341

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

llis D. Sox, M.D., Director — June 1, 1970

THE SUMMER VACATION

veryone looks forward to a vacation. The break in the daily routine and the eaving of stresses of modern living can be relaxing and healthful. Planning n advance and observing basic health and safety rules will help to make one's acation pleasurable and refreshing. Whether it's to be a one-day excursion or n extended trip, here are some suggestions for a safe vacation.

ood health is important to your vacation. A check-up with the family physician s a good beginning. Get his consultation and advice when traveling with baby r when a family member is pregnant, recovering from an illness, susceptible to ay fever or motion sickness, or has any other health condition that should be onsidered. If he has prescribed special medicine, take along enough for the ntire time you are away. Take care of any dental work before you leave. It's ise to have an extra pair of glasses. A first aid kit, your traveling medicine abinet, is a "must" and should be checked and brought up to date. Sunburn, eat exhaustion, swimming and boating accidents, food poisoning, insect bites, oisonous plants and bites from animals all are vacation hazards which knowledge, oresight and moderation will keep to a minimum. In spite of precautions, there s the chance that illness or injury will occur while on vacation. In that vent, don't delay calling a physician even though he's a stranger to you.

raffic accidents can spoil a vacation trip. To avoid possible disaster, the amily car should have a thorough safety check and necessary work done in adance. But, a mechanically perfect car is still only as good as its driver! ost of us know the rules of safe driving; how we apply them determines whether e will return safely. In automobile accidents, injuries usually occur from assengers crashing against part of the interior, being thrown out, or being ombarded by unsecured objects inside. Chances of safety in the event of a rash can be greatly enhanced by: (1) the use of safety seat belts, (2) seuring doors against opening by keeping inside latches locked and safety locks or children on the rear doors and (3) keeping the rear window self and the ar interior clear of loose objects. Don't drive, if you are tired or have been rinking.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 21st WEEK ENDING MAY 29, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	1	28	3	70	91
German Measles	0	30	1	32	80
Gonorrhea	401	251	116	6167	5506
Hepatitis, Viral	17	33	4	361	449
Influenza	0	1	0	0	25
Measles	0	23	0	9	17
Meningococcal Inf.	0	1	0	4	5

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Meningitis, Other	0	2	0	13	5
Mumps	0	64	2	35	78
Pertussis	0	1	0	1	2
Salmonellosis	4	6	0	51	43
Shigellosis	3	3	0	20	49
Syphilis	36	25	18	474	360
Tuberculosis	8	9	4	131	134

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Meningitis, meningococcal	1
Pneumonia	7

	1970	1969
Deaths recorded for the week	187	182
Births recorded for the week	294	289

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

lis D. Sox, M.D., Director — June 8, 1970

CONTROL RATS!

here is a continuing need for rat and mice control in San Francisco. Rat problems are normally related to the general level of sanitation of the area. hen householders keep their premises in good repair and clean, rodent control s easier. In order to keep your premises free from rodents, follow these few asic principles:

1 - Sanitation: Use your garbage container. Cover it with a tight fitting lid. Regularly sweep and wash floors. Promptly clean up after spills. Cover and put food away after use. Clean the stove and table tops after use. Repair water leaks, defective drain pipes and use a floor drain cover. Rats live and hide in sewers.

2 - Remove their shelter: Rats adapt themselves to many conditions. Destroy their hiding and living places. Store all things 18" off ground or floor. Keep the yard and basement area clean of trash and debris. Regularly cut and prune plants in the yard.

3 - Build them out: Close all openings by filling large holes with steel wool and cover with sheet metal, mortar, concrete, etc. Replace or repair all broken windows, doors, vents, ducts, drain pipes, walls, etc., using strong screening material on vent-air opening and ducts, 1/4 to 1/2 inch mesh, and 16 to 21 gauge. Remember to shut all doors - side, front, back, garden and yard, garage, etc., when not in use.

4 - Eradicate: Use wooden snap traps, both baited and unbaited. Place traps along walls, ledges, and inside and outside the house. Place near garbage containers, in the garden, and among foliage. Check traps daily and change their locations often. There are many rat poisons available. Currently, Warfarin, Diaphacinone and Pival are the poisons recommended for home use. All rat poisons can be dangerous, if used carelessly. Keep away from children and pets and follow directions on the poison labels.

n again, and off again rat control efforts are not satisfactory. If constant urveillance is not maintained, rats will quickly reinfest and repopulate. Control measures outlined above should become a part of routine maintenance for very householder.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 22nd WEEK ENDING JUNE 5, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	1	31	0	71	91
German Measles	2	34	0	34	80
Gonorrhea	286	307	126	6452	5751
Hepatitis, Viral	19	15	2	380	461
Influenza	0	0	0	0	25
Measles	0	31	1	9	18
Meningococcal Inf.	1	1	0	5	5

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Meningitis, Other	0	1	0	13	5
Mumps	2	24	3	37	81
Pertussis	0	1	0	1	2
Salmonellosis	1	4	0	52	44
Shigellosis	0	2	0	20	49
Syphilis	18	32	18	492	379
Tuberculosis	7	10	1	138	143

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Hepatitis, viral	1
Pneumonia	4
Tuberculosis	1

	1970	1969
Deaths recorded for the week	165	179
Births recorded for the week	243	227

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director June 15, 1970

CHILD SAFETY WHEN SCHOOL IS OUT

The end of the school year introduces the summer vacation and the prospect of increased accident hazards to children. For the child out of school, the dangers from accidents in and about the home become greater. His abundant energy, unthinking recklessness and propensity to explore, all contribute to his chances of having an accident. As always, the ultimate responsibility for the child's safety rests with the parents to whom the child looks for his security. As parents we should teach our children the basic common sense elements of safety, and show how they can have fun, while at the same time avoid being reckless. Parents should strive to impress upon the child that there are hazardous ways and safe ways of doing most everything, and that by developing safe habits of conduct he will be able to do and enjoy more things than he could otherwise. No one expects parents to watch their children every minute of their waking day, but parents can intensify their usual vigilance during this season when school is out and it is playtime.

An additional precautionary measure is a thorough check of the home, garage and yard for hazardous conditions. The availability to youngsters of medicines, particularly aspirin, of insecticides, caustic substances and other poisonous solutions, the cluttered yard with broken glass or rusty nails - all are examples of hazardous situations which may go unnoticed and uncorrected.

Outside the home there is the everpresent danger from moving vehicles. Adults behind the wheel should remember that children are out of school now and be particularly alert when driving. Parents must instruct children to follow the safety rules about crossing streets, getting off a bus or streetcar and obeying traffic lights. They should be cautioned about running in the streets or darting out behind parked cars. Community playgrounds, parks and home play yards provide safe places for children to play and parents are urged to see that children use these facilities whenever possible.

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STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 23rd WEEK ENDING JUNE 12, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	1	25	1	72	92
German Measles	1	20	1	35	81
Gonorrhea	316	276	93	6768	6027
Hepatitis, Viral	16	33	3	396	481
Influenza	0	0	0	0	25
Measles	0	25	0	9	18
Meningococcal Inf.	1	0	0	6	5
Meningitis, Other	0	4	0	13	7
Mumps	3	23	3	40	84
Pertussis	0	0	0	1	2
Salmonellosis	1	5	0	53	45
Shigellosis	1	3	0	21	50
Syphilis	16	22	13	508	401
Tuberculosis	5	7	3	143	150

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Hepatitis, infectious	1
Pneumonia	4
Tuberculosis	1

	1970	1969
Deaths recorded for the week	160	199
Births recorded for the week	336	282

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

llis D. Sox, M.D., Director June 19, 1970

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THE BABY SITTER AND CHILD SAFETY

ne of the customs of our American way of life is the widespread use of baby sitting services. As the family unit has gradually contracted, with grandparents nd other family members maintaining separate living quarters, more and more parnts have called in outsiders to "sit" with the children. In spite of this general practice, many parents are uneasy about leaving their children. They ask nemselves--what if there is an emergency? Is there anything we can do to insure ne safety of our children? This concern is real, since statistics show that uring 1968, ten out of twelve accidental deaths to San Francisco children under ive years of age occured in the home. These figures serve to emphasize the mportance of supervision not only on the part of parents but of others including aby sitters who have custody of children. What are some of the things that parnts can do to help baby sitters observe proper protective measures? Both written nd verbal instruction should include:

(1) Where the parents will be, when they will be back, and how they can be reached.
(2) Phone numbers of the doctor, fire and police departments, the Emergency Hospital service and a neighbor's phone.
(3) The location of first aid supplies and how the sitter should treat a slight cut or burn.
(4) Safety reminders children most frequently need; stay away from stoves, stairs, windows, etc.
(5) Keep scissors, pins, matches, medicines, poisons and other dangerous objects out of the child's reach.
(6) Use stove and other gas or electric appliances in a safe manner.
(7) Never leave a child in the bathtub while answering the telephone or doorbell.
(8) Know who, if anyone, should be admitted in the house during the parent's absence.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 24th WEEK ENDING JUNE 19, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	1	17	1	73	93
German Measles	6	18	1	41	82
Gonorrhea	213	260	133	6981	6287
Hepatitis, Viral	21	27	1	417	497
Influenza	0	0	0	0	25
Measles	1	27	1	10	19
Meningococcal Inf.	0	1	0	6	5
Meningitis, Other	0	1	0	13	7
Mumps	7	14	3	47	87
Pertussis	0	1	0	1	2
Salmonellosis	0	6	1	53	46
Shigellosis	0	2	0	21	50
Syphilis	28	24	11	536	415
Tuberculosis	8	9	2	151	152

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Meningitis, Meningococcal	1
Pneumonia	3
Tuberculosis	1

	1970	1969
Deaths recorded for the week	182	171
Births recorded for the week	285	346

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

lis D. Sox, M.D., Director — June 29, 1970

LEADING CAUSES OF DEATH, SAN FRANCISCO RESIDENTS, 1969

	NUMBER	RATE PER 100,000 POP.	PERCENT OF TOTAL DEATHS
ALL CAUSES	9,033	1277.8	100.0
Diseases of heart	3,155	446.3	34.9
Malignant neoplasms	1,706	241.3	18.9
Cerebrovascular disease	980	138.6	10.8
Cirrhosis of liver	454	64.2	5.0
Accidents	448	63.4	5.0
Influenza and pneumonia	305	43.1	3.4
Suicide	270	38.2	3.0
Bronchitis, emphysema and asthma	174	24.6	1.9
Diabetes mellitus	134	19.0	1.5
Homicide	134	19.0	1.5
Arteriosclerosis	114	16.1	1.3
Diseases of early infancy	100	14.1	1.1
Peptic ulcer	72	10.2	0.8
Congenital anomalies	64	9.1	0.7
Tuberculosis	39	5.5	0.4

though the number of resident deaths in 1969 increased by only 27 over the 1968 gure of 9012, the death rate increased to 12.8 per 1,000 population because of e decrease in estimated population to 706,900 from the preliminary estimate for 68 of 748,700. Use of the Eighth Revision of the International Lists of Causes Death was begun in San Francisco on January 1, 1969: the names of some causes e different from those used in the Seventh Revision. For example, "Cerebro-scular disease" is now called "Vascular lesions of the C.N.S.", and "Pneumonia the newborn" formerly included in "Diseases of early infancy" is now counted th Influenza and Pneumonia, producing an increase in the number of deaths coded this cause. Despite the changes, for 5 years now the first seven causes of ath have remained in the same rank order. The number of cirrhosis deaths opped to 454 in 1969 from 519 in 1968. Suicide increased by 42.2% over 1968 d homicide by 45.7%.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 25th WEEK ENDING JUNE 26, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	0	10	2	73	102
German Measles	2	22	0	43	104
Gonorrhea	288	295	119	7269	6576
Hepatitis, Viral	16	26	3	433	523
Influenza	0	0	0	0	25
Measles	0	19	0	10	19
Meningococcal Inf.	0	2	0	6	5

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Meningitis, Other	0	4	0	13	8
Mumps	0	19	1	47	88
Pertussis	0	1	0	1	2
Salmonellosis	5	2	1	58	48
Shigellosis	5	5	0	26	50
Syphilis	33	35	13	569	428
Tuberculosis	6	9	2	157	158

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 3

	1970	1969
Deaths recorded for the week	163	198
Births recorded for the week	283	310

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — July 6, 1970

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SAN FRANCISCO PUBLIC

REMARKS OF FRANCIS J. CURRY, M.D. UPON TAKING THE OATH OF OFFICE AS DIRECTOR OF PUBLIC HEALTH FOR THE CITY AND COUNTY OF SAN FRANCISCO

"I want to thank Mr. Mellon and the Mayor for giving me the opportunity to serve the people of San Francisco as Health Officer.

"It is my hope that the three major divisions of the Health Department - Community Mental Health Services under the leadership of Dr. Stubblebine, the Hospital Services under Mr. Joseph Mignola, and the preventive medical services, can be molded into a functioning unit which will provide their services in the hospital and out into the community.

"With the help of Dr. Philip Lee and the University of California Medical School, we hope to develop in the near future a Department of Community and Ambulatory Medicine at San Francisco General Hospital, through which the three major divisions of the Department can provide their services out into the neighborhoods.

"By working cooperatively with neighborhood groups, voluntary agencies, the private sector of medicine, and the medical societies, we can reduce and ultimately eliminate fragmentation of services, and more effectively and efficiently utilize professional personnel, facilities, and budgets. Thus, a true partnership for health can be developed, and comprehensive health care for all San Franciscans can become a reality.

"I want to thank all of you for taking part in this ceremony, and I want to ask your help in the days and weeks and months ahead."

The Oath of Office was administered by San Francisco Municipal Judge Harry W. Low on 30 June, 1970 in the office of Thomas J. Mellon, Chief Administrative Officer. Participants in the ceremony were Mayor Joseph L. Alioto, Supervisors Dianne Feinstein and Terry Francois, and distinguished members of the community.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 26th WEEK ENDING JULY 3, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	2	7	2	75	104
German Measles	0	9	0	43	110
Gonorrhea	279	305	139	7548	6826
Hepatitis, Viral	34	24	2	466	542
Influenza	0	0	0	0	25
Measles	0	17	0	10	19
Meningococcal Inf.	0	1	0	6	5

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Meningitis, Other	2	1	0	15	8
Mumps	0	7	2	47	90
Pertussis	0	1	0	1	3
Salmonellosis	1	4	0	59	49
Shigellosis	4	3	1	30	52
Syphilis	31	32	18	600	460
Tuberculosis	6	21	3	163	164

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 3

	1970	1969
Deaths recorded for the week	169	149
Births recorded for the week	278	221

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

rancis J. Curry, M.D., Director July 13, 1970

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WATER SAFETY

he death toll from accidents is higher in the summer than in any other season of he year. To a large extent this unfavorable record reflects the sharp rise in rownings - largely as a result of the increased participation in outdoor water ports during the vacation months. More than half of the drownings occur to per-ons swimming or playing in the water or who become involved in boating acci-ents. Most of the remaining fatalities result from people falling into water rom bridges, docks and the shore.

his loss of life from drowning could be greatly reduced if people exercised easonable caution in, on or near water. Far too often there is disregard of the angers inherent in swimming alone or too far, or when fatigued, and in allowing hildren to play in water without proper supervision. A large number of drowning atalities recorded each year occur to people who dive in shallow water, or in trange waters where rocks or logs may be hidden, from children slipping unseen rom inflated tubes and from non-swimmers or poor swimmers getting into water be-ond their depth.

ecent years have also witnessed a rapid increase in the number of people who ake use of outboard motorboats, rowboats and canoes. Boating in small water-raft is enjoyable recreation,but too often people do not realize the dangers in-olved and do not have the ability to cope with emergencies. Fatalities resul-ing from such sports give evidence that many lives are lost due to such prac-ices as shifting position, overloading, speeding, sharp turning or engaging in orseplay while in a boat. An appreciable number of the victims are non-swimmers, learly indicating that those who make use of small boats should learn to swim ompetently, or at least have adequate lifesaving equipment onboard or wear bouy-nt vests. While attention to boating safety has increased somewhat as the use f small watercraft has gained in popularity throughout the state, there is still great need for boat owners and operators to be aware of the dangers involved nd to employ measures to insure their own safety and that of their passengers or whose safety they are responsible.

inally, whether swimming or boating, everyone should know how to give mouth-to-outh artificial respiration. It may save a life.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 27th WEEK ENDING JULY 10, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	1	15	1	76	105
German Measles	0	9	1	43	111
Gonorrhea	277	293	120	7825	7074
Hepatitis, Viral	18	22	4	483	564
Influenza	0	0	0	0	25
Measles	1	4	0	11	21
Meningococcal Inf.	0	1	0	6	5
Meningitis, Other	1	1	0	16	8
Mumps	0	5	1	47	93
Pertussis	0	2	0	1	3
Salmonellosis	3	1	0	62	50
Shigellosis	5	4	0	35	52
Syphilis	22	29	8	622	468
Tuberculosis	5	11	6	168	170

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 5

	1970	1969
Deaths recorded for the week	207	144
Births recorded for the week	217	181

[illegible]

[illegible]

[illegible] SAFETY

[illegible] death toll from accidents is higher in the summer than in any other season of the year. In a large rental fleet into unfavorable weather vehicles the [illegible] [illegible] — [illegible] and [illegible] of the [illegible] [illegible] [illegible]

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — July 20, 1970

SAN FRANCISCO RESIDENT DEATHS BY SEX, 1969

CAUSE OF DEATH	MALE NUMBER	MALE RATE	MALE PERCENT	FEMALE NUMBER	FEMALE RATE	FEMALE PERCENT
ALL CAUSES	5,144	1523.7	100.0	3,889	1053.1	100.0
Diseases of heart	1830	542.1	35.6	1325	358.8	34.1
Malignant neoplasms	932	276.1	18.1	774	209.6	19.9
Cerebrovascular diseases	440	130.3	8.6	540	146.2	13.9
Accidents	302	89.5	5.9	146	39.5	3.8
Cirrhosis of liver	288	85.3	5.6	166	44.9	4.3
Influenza & Pneumonia	194	57.5	3.8	111	30.1	2.9
Suicide	154	45.6	3.0	116	31.4	3.0
Bronchitis, Emphysema & Asthma	131	38.8	2.5	43	11.6	1.1
Homicide	118	35.0	2.3	16	4.3	0.4
Diseases of arteries	95	28.1	1.8	62	16.8	1.6
Diabetes	56	16.6	1.1	78	21.1	2.0
Arteriosclerosis	56	16.6	1.1	58	15.7	1.5
Peptic ulcer	52	15.4	1.0	20	5.4	0.5
Certain causes of mortality in early infancy	51	15.1	1.0	49	13.3	1.3
Tuberculosis	30	8.9	0.6	9	2.4	0.2
Congenital anomalies	29	8.6	0.6	35	9.5	0.9

Death rates for males increased in 1969 to 15.2 per 1,000 population from 13.9 in 1968, and increased for females to 10.5 from 10.2. The familiar pattern of higher rates for males continued with the usual exceptions of cerebrovascular diseases and diabetes, and, in 1969, congenital anomalies. The sex differential in cirrhosis shifted and because of this accidents were the fourth cause for males instead of the fifth, while cirrhosis was fourth cause for females and accidents were fifth. In 1969 male deaths coded to cirrhosis were 63.4% of cirrhotic deaths and in 1968, 69.4%. However the male rate for cirrhosis was 85.3 per 100,000 population compared to 44.9 for females. In 1969 males were about 57% of all suicidal deaths as they were in 1968. Ingestion of barbiturates was the most frequent method of suicide used by women, while firearms were the leading means used by men.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 28th WEEK ENDING JULY 17, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	1	16	3	77	108
German Measles	1	6	1	44	117
Gonorrhea	334	258	95	8159	7332
Hepatitis, Viral	16	32	5	499	583
Influenza	0	0	0	0	25
Measles	1	3	0	12	21
Meningococcal Inf.	0	0	0	6	5
Meningitis, Other	0	1	0	16	9
Mumps	1	6	0	48	93
Pertussis	0	2	0	1	3
Salmonellosis	6	12	0	68	53
Shigellosis	4	6	0	39	58
Syphilis	21	25	11	643	481
Tuberculosis	5	11	1	173	171

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 3

	1970	1969
Deaths recorded for the week	169	177
Births recorded for the week	[illegible]	[illegible]

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director July 27, 1970

VIRAL HEPATITIS

Viral hepatitis, which includes both infectious and serum hepatitis, has shown a slow, steady rise in incidence throughout the nation, with 928 cases reported in San Francisco in 1969. This is down 25% from the 1968 peak year, but many cases are thought to be undiagnosed or unreported. The disease varies from relatively mild to serious or fatal forms. Even after prolonged convalescence, the liver may sustain residual damage. Many factors in the transmission of the disease are not yet fully understood.

The incubation period for serum hepatitis is usually 80 to 100 days. Before the virus was recognized, it was formerly more commonly transmitted through transfusion with virus infected blood or blood-products, or inadequately sterilized needles or medical instruments, since it is resistant to ordinary sterilization procedures and requires unusual techniques - such as thirty minutes in boiling water. This source of infection is now carefully controlled in most medical facilities; reported incidence is greater from blood transfusion using commercial blood bank products, than institutional supplies. The common source of infection now is the injection of narcotics or other drugs by a group of persons using a common hypodermic needle, without adequate intermediate sterilization.

The incubation period for infectious hepatitis is usually 15 to 55 days, averaging about three weeks. It is known to be spread by fecal contamination of food and water, and perhaps less commonly, by nose and throat discharges. Strict observance of personal hygiene and general sanitation measures would help to control at least the food-borne infections.

Persons ill with the disease are thought to be infectious from one week before the appearance of the symptoms until the termination of fever. Some cases exposed to intimate household contact of infectious hepatitis may be prevented or severity reduced, if given gamma globulin within two weeks of exposure. This is apparently not effective for prevention of serum hepatitis. There is, as yet, no vaccine for long - term prevention of either form of the disease, and no specific treatment. Prolonged supportive therapy under medical supervision is essential.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 29th WEEK ENDING JULY 24, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	0	4	1	77	109
German Measles	3	11	0	47	118
Gonorrhea	238	268	120	8397	7600
Hepatitis, Viral	17	34	1	516	610
Influenza	0	0	0	0	25
Measles	0	5	0	12	21
Meningococcal Inf.	0	0	0	6	5

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Meningitis, Other	0	1	0	16	10
Mumps	2	10	1	50	94
Pertussis	0	1	0	1	3
Salmonellosis	1	7	1	69	60
Shigellosis	3	8	1	42	66
Syphilis	22	19	10	665	500
Tuberculosis	4	9	5	177	177

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia	1
Tuberculosis	2

	1970	1969
Deaths recorded for the week	175	169
Births recorded for the week	265	327

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

August 3, 1970

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MUSSELS QUARANTINE - WARNING

Mussels recently collected from the shoreline off Land's End in San Francisco, and the San Mateo Coastline, have shown a sudden and extremely high increase of shellfish neurotoxin, reaching ten to thirty times the recognized danger level.

Mussels feed on plankton, free floating microscopic organisms in the ocean waters. During quarantine months, off the Central Coast of California, these plankton develop a toxin which becomes highly concentrated in the bodies of mussels. The toxin may produce respiratory paralysis and severe neurologic symptoms in man within five to thirty minutes after ingestion. There is no known antidote to the toxin.

Although the annual Mussels Quarantine is still in effect, (May 1st through October 31st), persons have ignored the warning at times in past years, and poisonings have resulted. Two outbreaks of mussel poisoning, involving 15 persons, occurred in California late in the 1969 season. From 1927 through 1969, state records show 41 outbreaks of shellfish poisoning that resulted in 388 cases and 30 deaths. The San Francisco Department of Public Health therefore repeats the quarantine warning; the high levels of mussels toxin this year may require extension beyond the standard period.

Counties north and south of the Golden Gate channel are now submitting shellfish specimens to determine the extent of the current danger.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 30th WEEK ENDING JULY 31, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	1	5	1	78	110
German Measles	1	6	1	48	120
Gonorrhea	332	305	123	8729	7905
Hepatitis, Viral	22	26	3	538	617
Influenza	0	0	0	0	25
Measles	1	5	0	13	21
Meningococcal Inf.	0	1	0	6	5

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Meningitis, Other	1	4	0	17	10
Mumps	2	13	0	52	94
Pertussis	0	1	0	1	3
Salmonellosis	0	3	0	69	61
Shigellosis	2	7	0	44	67
Syphilis	22	30	9	687	509
Tuberculosis	11	9	3	188	183

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia	2
Tuberculosis	1

	1970	1969
Deaths recorded for the week	163	194
Births recorded for the week	268	267

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

August 10, 1970

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ACCIDENTAL DEATHS OF SAN FRANCISCO RESIDENTS, 1969

TYPE OF ACCIDENT	TOTAL	AGE GROUP: UNDER 5	5-14	15-24	25-44	45-64	65 & Over
TOTAL	448	15	20	72	106	117	118
Motor Vehicle	166	4	11	37	43	38	33
Falls	130	2	-	7	19	43	59
Poisoning	44	1	2	11	22	7	1
Fire and flames	34	1	1	2	5	13	12
Suffocation	23	4	1	3	4	6	5
Drowning	20	2	5	7	2	2	2
Water transport	7	-	-	1	4	-	2
All Other	24	1	-	4	7	8	4

lthough the number of accidental deaths to San Francisco residents in 1969 decreased to 448 from 465 in 1968, the rate per 100,000 population was 63.4in 969. Motor vehicle deaths increased to 166 from 157 in 1968, or 37.1% of the otal number; 67 or 40% of these deaths were to pedestrians compared to 31% in 968. About one-third (150 or 33.5%) of fatal accidents occurred in the home: 1.2% of deaths in fires, 57.7% of the fatal falls, 54.5 of the poisonings and 7.8 of the deaths by suffocation. With an increasing number of elderly people n resident institutions, nearly 5% of the accidental deaths occurred in hospitals, convalescent or nursing homes; more than half (54.5%) were falls and ore than one-quarter were from choking on food.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 31st WEEK ENDING AUGUST 7, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Low	Year to Date 1970	1969
Chickenpox	1	8	1	79	111
German Measles	2	6	0	50	126
Gonorrhea	318	303	89	9047	8208
Hepatitis, Viral	27	36	7	565	624
Influenza	0	0	0	0	25
Measles	0	5	0	13	21
Meningococcal Inf.	0	0	0	6	5
Meningitis, Other	0	5	0	17	11
Mumps	1	11	0	53	95
Pertussis	0	1	0	1	3
Salmonellosis	1	3	0	70	63
Shigellosis	2	6	1	46	73
Syphilis	20	30	14	707	531
Tuberculosis	6	6	4	194	187

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 5

	1970	1969
Deaths recorded for the week	199	161
Births recorded for the week	311	322

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — August 17, 1970

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SCHOOL AHEAD

Next month children will be going to school, some returning to the classroom and others beginning their school experience. For many of these children school life will mark their first adventure away from home and will initiate a pattern of living that will continue into their teen years. However difficult this transitional period may be, it should be readily apparent that the healthy child is in a better position to adjust than the unhealthy. Learning new subjects and skills may be beyond the capacity of a physically or emotionally handicapped child. Such children cannot advantageously utilize the learning opportunities offered them.

A health appraisal by the family doctor or pediatrician before the opening of school can do much to forestall potential problems. Most physical disorders are correctable when diagnosed early. The parent is an important participant in the child's medical examination because the doctor needs information that only a parent can supply; such as, what are the child's eating and sleeping habits, what important illnesses has the child had, and other health matters of which only parents are aware. Parents are reminded that, by state law, immunizations against regular measles (rubeola) and poliomyelitis are required for first-time enrollment in school. In addition, immunizations against smallpox, diphtheria, tetanus, whooping cough and now rubella (German measles) should be brought up to date. The child's teeth should also be checked by the family dentist. The parent is responsible for proper follow up and treatment of any defects discovered. It is prudent to start corrective measures before school starts to minimize lost classroom time later.

In San Francisco the Department of Public Health has responsibility for providing school health services. The public health nurse assigned to each school serves as a health liaison between the home and the school and is the parents' best ally if the child has or develops a health problem. Parents may phone the District Health Center nearest their home for information and assistance in receiving health services for their children.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 32nd WEEK ENDING AUGUST 14, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	0	7	0	79	111
German Measles	1	5	0	51	126
Gonorrhea	308	319	157	9355	8527
Hepatitis, Viral	14	35	4	575	635
Influenza	0	0	0	0	25
Measles	0	8	0	13	22
Meningococcal Inf.	0	2	0	6	5
Meningitis, Other	0	5	0	17	11
Mumps	3	8	0	56	95
Pertussis	0	2	0	1	3
Salmonellosis	1	5	1	71	64
Shigellosis	0	5	0	46	74
Syphilis	15	27	16	722	548
Tuberculosis	14	9	5	204	194

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia	2

	1970	1969
Deaths recorded for the week	154	153
Births recorded for the week	320	276

SCHOOL HEALTH

[illegible] children will be going to school, some returning to the classroom [illegible] other children their school experiences. [illegible] of whom [illegible] school life will mean, their first [illegible] are away from home and will [illegible] a feeling of being lost until [illegible] take their own place. However, [illegible] difficult this transitional period may be, it should be readily apparent that the reality exists in a better condition in school than the unhealthy [illegible] and outcome and skills may be beyond the capacity of a physically or emotionally handicapped child. Such children cannot [illegible] learning opportunities offered them.

[illegible] health supervised by the family doctor or pediatrician before the opening of school can do much to forestall potential problems. Not infrequently [illegible] are noticeable when diagnosed early. The [illegible] to an improvement [illegible] in the children against [illegible] the doctor needs information that only a parent can supply such as, does the child [illegible] and sleeping habits, what important illnesses has the child had, do there [illegible] health matters of which only parents are aware. Records are required [illegible] by state law, immunization against [illegible] diphtheria, tetanus and [illegible] are required for first-time enrollment in school. In addition, [illegible] examinations, dentistry, eyesight, hearing, [illegible] and [illegible] (Pediatric medical) should be brought up to date. The health [illegible] should also be [illegible] in the family records. The school is responsible for proper follow up [illegible] defects are discovered. It is required [illegible] certain [illegible] school staff [illegible] discussed later.

[illegible] Department of Public Health has responsibility for [illegible] school health services. The public health [illegible] assigned to [illegible] as a health liaison between the home and the school and [illegible] health [illegible] of the child has or develops a health problem. Parents [illegible] Public Health Center [illegible] their time for information and [illegible] in providing health services for their children.

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	0	7	0	29	111	[illegible]	0	[illegible]	0	17	[illegible]
[illegible]	1	5	[illegible]	[illegible]	128	[illegible]	3	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	22	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	0	0	0	0	5	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

August 24, 1970

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LEADING CAUSES OF DEATH FOR WHITE, NEGRO AND CHINESE BY NUMBER AND RATE PER 100,000 ESTIMATED POPULATION, San Francisco, 1969

	WHITE		NEGRO		CHINESE	
	NO.	RATE	NO.	RATE	NO.	RATE
ALL CAUSES	7,759	1539.5	748	733.3	339	543.3
Diseases of heart	2,827	560.9	171	167.6	107	171.5
Malignant neoplasms	1,479	293.5	112	109.8	84	134.6
Cerebrovascular diseases	865	171.6	53	52.0	40	64.1
Cirrhosis of liver	403	80.0	42	41.2	1	1.6
Accidents	349	69.2	73	71.6	15	24.0
Influenza and Pneumonia	253	50.2	32	31.4	13	20.8
Suicide	238	47.2	11	10.8	15	24.0
Bronchitis, emphysema and asthma	159	31.5	8	7.8	3	4.8
Diabetes	110	21.8	13	12.7	9	14.4
Arteriosclerosis	101	20.0	11	10.8	2	3.2
Homicide	69	13.7	54	52.9	3	4.8
Peptic ulcer	59	11.7	2	2.0	8	12.8
Certain causes of mortality in early infancy	56	11.1	35	34.3	5	8.0
Congenital anomalies	42	8.3	20	19.6	1	1.6
Tuberculosis	30	6.0	3	2.9	4	6.4

The overall death rate for nonwhites in San Francisco in 1969 was 6.3 per 1,000 estimated population in contrast to 15.4 for whites, despite the fact that nonwhite deaths increased to 1,274 in 1969 from 1,224 in 1968 and 869 in 1960. Diseases of heart and malignant neoplasms had the same ranking for the three ethnic groups shown in the table. Accidents were the third cause of death for Negroes, with a higher rate than for whites. Cirrhosis, fourth cause for whites, was sixth for Negroes. Accidents and suicides were the fourth cause for Chinese. Although the white suicide rate was nearly twice as high as the Chinese, suicide was the seventh cause of death among whites. There were 89 Filipino deaths, 57 Japanese, 16 American Indian and 25 other nonwhite deaths in 1969.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 33rd WEEK ENDING AUGUST 21, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	1	8	1	80	119
German Measles	2	3	0	53	127
Gonorrhea	316	307	134	9671	8834
Hepatitis, Viral	16	20	5	591	651
Influenza	[illegible]	[illegible]	0	0	25
Measles	2	3	0	15	22
Meningococcal Inf.	[illegible]	2	0	6	5

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Meningitis, Other	1	3	0	18	11
Mumps	0	9	1	56	98
Pertussis	0	[illegible]	0	1	3
Salmonellosis	4	5	[illegible]	75	64
Shigellosis	4	7	0	50	74
Syphilis	15	33	18	736	566
Tuberculosis	4	9	5	208	201

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 2

[illegible] 1

	1970	1969
Deaths recorded for the week	181	162
Births recorded for the week	333	303

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — August 31, 1970

SUICIDE

Suicide is the seventh leading cause of death in San Francisco. Thus, it constitutes a major public health problem. Currently, attempted suicide is not reportable, and death is not usually attributed to suicide if there is any possibility of accidental cause.

The reasons most often given for attempting suicide are: (1) Ill-health; (2) Economic distress; (3) Loss of a loved one; (4) Domestic difficulties. The actual or true reasons are: (1) Immense anger which a person cannot admit to himself; (2) An immense self-depreciation. Behind these expressed motives can be found certain emotional attitudes and feelings of fear, inferiority, insecurity, hatred, guilt, and others. The final act of suicide often follows a long chain of contributory experiences.

Can preventive measures be taken to lessen the extent of this public health problem? A number of investigators have found that the easy availability of a helping person at the time of crisis can deter a suicidal act. It is best if such a person is a professional, but any level-headed individual can be of help in an emergency. Threat of suicide should always be taken seriously. There is a tragic misconception that people who say they are going to kill themselves never do. Quite the contrary is true; most people who commit suicide have warned others before of their intention. Women make more suicidal threats and gestures; men make higher percentage of successful attempts. A threat of suicide is always a reason for taking immediate action.

Follow-up measures are also important, since mere deterrence of the particular suicidal act does not mean that the period of risk is over. One such follow-up facility is the Health Department's Immediate Psychiatric Aid and Referral Center which sees nearly every person who is reported as an attempted suicide. Some of the patients seen continue in the Adult Psychiatric Clinic. Others are referred for care to agencies elsewhere in the city. A high percentage of the acute suicidal trend is effectively interupted. The importance of calling upon professional psychiatric, psychological and social service specialists for the proper overall treatment of a potentially suicidal person cannot be overemphasized.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 34th WEEK ENDING AUGUST 28, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	2	3	0	82	120
German Measles	4	5	0	57	127
Gonorrhea	326	317	82	9997	9151
Hepatitis, Viral	19	28	5	610	670
Influenza	0	0	0	0	25
Measles	0	7	0	15	22
Meningococcal Inf.	0	1	0	16	6

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Meningitis, Other	1	2	0	19	11
Mumps	0	4	0	56	98
Pertussis	0	1	0	1	3
Salmonellosis	2	3	0	77	64
Shigellosis	2	3	0	52	74
Syphilis	46	40	8	782	574
Tuberculosis	5	7	2	211	204

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
Pneumonia	4
Tuberculosis	2

	1970	1969
Deaths recorded for the week	204	184
Births recorded for the week	334	340

[illegible]

[illegible]

[illegible]

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — September 7, 1970

BIRTH AND DEATH RATES
UNITED STATES, CALIFORNIA AND 5 COUNTIES, 1960-1969

YEAR	U.S.	CALIF.	ALAMEDA	CONTRA COSTA	MARIN	SAN FRANCISCO	SAN MATEO
BIRTH RATES PER 1,000 POPULATION							
1960	23.6	23.7	22.9	22.8	22.9	19.9	22.5
1962	22.4	22.1	21.7	20.7	20.7	19.0	20.6
1964	21.2	20.6	20.5	18.9	18.5	17.5	18.7
1966	18.5	17.6	17.3	16.3	15.7	15.2	16.6
1968	17.4	17.1	16.3	15.6	14.7	15.0	15.7
1969	17.7	17.8	17.6	16.0	15.2	15.9	16.2
DEATH RATES PER 1,000 POPULATION							
1960	9.5	8.6	9.3	6.3	7.2	13.3	6.5
1962	9.5	8.2	8.9	5.9	6.8	13.1	6.5
1964	9.4	8.3	9.1	6.0	6.7	12.7	6.6
1966	9.5	8.2	9.0	6.1	6.5	13.2	6.9
1968	9.6	8.1	9.0	6.6	6.6	12.0	6.7
1969	9.5	8.4	9.3	6.5	7.0	12.8	7.1

The number of births and the crude birth rate increased in the U.S., California and 4 Bay Area Counties in 1969 over 1968 chiefly because of the increase in the number of women in the child bearing ages. The 2% increase in the number of births in the U.S. produced a rate of 17.7 per 1,000 population compared to 17.4 in 1968, the lowest on record. In San Francisco the rate increased to 15.9 from 15.0, reflecting primarily the decrease in the estimated population since the increase in the number of births was only 38.

The U.S. crude death rate decreased to 9.5 per 1,000 population in 1969 from 9.6 in 1968 but the level of mortality since 1960 has been fairly constant - the range was from 9.3 to 9.6 depending on the presence or absence of major outbreaks of influenza.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 35th WEEK ENDING SEPTEMBER 4, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	0	9	0	82	120
German Measles	0	4	0	57	128
Gonorrhea	323	309	133	10320	9460
Hepatitis, Viral	18	29	2	628	684
Influenza	0	1	0	0	25
Measles	2	5	0	17	22
Meningococcal Inf.	0	1	0	6	6
Meningitis, Other	0	3	0	19	14
Mumps	0	12	0	56	98
Pertussis	1	3	0	2	3
Salmonellosis	2	5	1	79	65
Shigellosis	1	3	0	53	75
Syphilis	11	27	9	792	601
Tuberculosis	3	10	2	214	209

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
Pneumonia	4
Boeck's Sarcoid of Lung	1

	1970	1969
Deaths recorded for the week	150	192
Births recorded for the week	241	340

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — September 14, 1970

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REQUIRED SCHOOL IMMUNIZATIONS

A bill now pending before the State Legislature would require that all children be immunized for rubella ("German measles") before enrollment in public or private schools in California. If this legislation is enacted, it would be in addition to the current mandatory immunizations for rubeola ("Regular" or "7-day" measles) and poliomyelitis ("polio") required for admission to schools.

Due partly to increasing immunization of children for these diseases by private physicians and public health agencies, and partly as a result of the school admission requirements, measles incidence in San Francisco dropped from 1,452 cases reported in 1964, to 27 in 1969, and no school-age cases of polio were reported in the city in this 5-year period.

However, children under 5 years of age are not uniformly immunized for these two diseases, leaving an unknown number of susceptibles among the estimated 55,000 children of this age group in San Francisco. Reports, to date this year, indicate that 1970 will show a markedly increased incidence of measles throughout the United States, in contrast to the gratifying decreases of the past three years.

The medical profession, including the public health sector, cannot countenance laxity in the continuing battle against preventable infectious diseases. In only a few years of decreased immunizations, a large population of susceptible children can be formed, and produce conditions favorable for an epidemic.

Private physicians can provide these necessary vaccines (polio, rubeola and rubella) for their young patients, and children without private sources of medical care can be immunized at no charge, in the five District Health Centers of the San Francisco Department of Public Health.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 36th WEEK ENDING SEPTEMBER 11,1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	1	11	0	83	121
German Measles	0	2	0	57	128
Gonorrhea	291	322	116	10611	9770
Hepatitis, Viral	25	26	5	653	692
Influenza	0	0	0	0	25
Measles	0	2	0	17	22
Meningococcal Inf.	0	1	0	6	6

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Meningitis, Other	0	0	0	19	14
Mumps	0	6	1	56	99
Pertussis	0	5	0	2	3
Salmonellosis	3	11	1	82	76
Shigellosis	0	10	0	53	85
Syphilis	28	28	10	820	611
Tuberculosis	6	12	4	220	213

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 1

	1970	1969
Deaths recorded for the week	133	157
Births recorded for the week	188	267

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

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Francis J. Curry, M.D., Director — September 21, 1970

INFLUENZA SEASON 1970 - 1971

The annual formula for influenza vaccine to be manufactured by the various pharmaceutical companies is established in the Spring of each year by the Advisory Committee on Immunization Practices of the United States Public Health Service. At times, the formula may be an "educated guess", subject to unforeseen errors. For example, the advent of the Hong Kong variety of the influenza virus was recognized and its antigenicity identified only late in the 1968-69 season, making it impossible to develop appropriate vaccine in time to protect the population adequately for that winter. The vaccine formula determined for this year is not significantly different from that finally developed after the 1968 experience.

The annual evaluation of potential hazards for the coming influenza season, at this time, does not project a large scale outbreak of influenza in the United States for the winter season, and does not require full-scale community immunization programs. However, the Advisory Committee does recommend annual immunization for persons at high risk of infection, such as those suffering from chronic heart disease or pulmonary disease, certain metabolic disorders, and all older individuals, particularly those with a chronic disease.

Persons who received the combined vaccine in a series of two injections last year need only a regular booster injection of current combined vaccine this year. All others should have the series of two injections of the combined vaccine, this year, preferably six to eight weeks apart. Persons with a history of reaction to eggs or egg products are cautioned not to receive the influenza immunizations unless they obtain approval of their personal physicians.

Persons who plan to be immunized against influenza for the 1970-71 season, particularly those requiring the basic course of two injections, are reminded to start their immunizations in September, so that they can be fully immunized before December, the usual start of the influenza season.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 37th WEEK ENDING SEPTEMBER 18, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to Date 1970	Year to Date 1969
Chickenpox	0	3	0	83	121
German Measles	0	4	0	57	128
Gonorrhea	257	211	100	10868	9970
Hepatitis, Viral	21	21	6	674	702
Influenza	0	1	0	0	25
Measles	0	4	0	17	22
Meningococcal Inf.	0	0	0	6	6
Meningitis, Other	0	1	0	19	14
Mumps	0	5	1	56	101
Pertussis	0	1	0	2	3
Salmonellosis	2	20	1	84	96
Shigellosis	4	29	0	57	114
Syphilis	15	24	9	835	625
Tuberculosis	3	8	4	223	217

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1970	1969
Pneumonia	5	Deaths recorded for the week	193	161
Tuberculosis	1	Births recorded for the week	353	265

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — September 28, 1970

DEATHS FROM IMPORTANT CAUSES, SAN FRANCISCO, CALIFORNIA AND UNITED STATES, 1969

CAUSE OF DEATH	RANK S.F.	RANK Cal.	RANK U.S.	RATE PER 100,000 POPULATION S.F.	RATE Cal.	RATE U.S.	PERCENT OF TOTAL DEATHS S.F.	PERCENT Cal.	PERCENT U.S.
ALL CAUSES	-	-	-	1277.8	835.6	949.2	100.0	100.0	100.0
Diseases of heart	1	1	1	446.3	306.4	364.0	34.9	36.7	38.3
Malignant Neoplasms	2	2	2	241.3	148.5	160.1	18.9	17.8	16.9
Cerebrovascular diseases	3	3	3	138.6	89.7	102.0	10.8	10.7	10.7
Cirrhosis of liver	4	6	10	64.2	21.3	14.9	5.0	2.6	1.6
Accidents	5	4	4	63.4	59.2	56.0	5.0	7.1	5.9
Influenza & Pneumonia	6	5	5	43.1	26.8	34.8	3.4	3.2	3.7
Suicide	7	8	11	38.2	17.9	10.9	3.0	2.1	1.2
Bronchitis, emphysema & asthma	8	9	9	24.6	16.1	15.6	1.9	1.9	1.6
Diabetes	9	11	7	19.0	12.5	18.5	1.5	1.5	2.0
Homicide	9	13	13	19.0	7.6	7.2	1.5	0.9	0.8
Arteriosclerosis	10	10	8	16.1	13.5	16.7	1.3	1.6	1.8
Certain causes of mortality in early infancy	11	7	6	14.1	18.3	21.3	1.1	2.2	2.2
Peptic ulcer	12	14	14	10.2	4.9	4.6	0.8	0.6	0.5
Congenital anomalies	13	12	12	9.1	8.3	8.8	0.7	1.0	0.9
Tuberculosis	14	18	17	5.5	2.0	2.6	0.4	0.2	0.3

Again in 1969, the first three causes had the same rank order with the highest rates in San Francisco. Cirrhosis was again fourth cause in San Francisco, sixth in California and tenth in the U.S. The cirrhosis rate in San Francisco was 64.2, about three times as high as California and four times the U.S. rate of 14.9. Accidents, fourth cause in both California and the U.S., were fifth in San Francisco for the fifth year. Influenza and pneumonia was the sixth cause in San Francisco and fifth in the other two. Suicide, the seventh cause in San Francisco had a rate of 38.2; the California rate was 17.9 and the U.S. 10.9 per 100,000. Bronchitis, emphysema and asthma was eighth in San Francisco and ninth in the other two.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 38th WEEK ENDING SEPTEMBER 25, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Chickenpox	0	3	0	83	124
German Measles	0	4	0	57	129
Gonorrhea	208	278	127	11076	10196
Hepatitis, Viral	22	27	7	696	729
Influenza	0	0	0	0	25
Measles	1	2	0	18	23
Meningococcal Inf.	0	1	0	6	7
Meningitis, Other	1	2	0	20	16
Mumps	1	5	0	57	101
Pertussis	0	2	0	2	3
Salmonellosis	3	3	0	87	98
Syphilis	13	36	10	848	635
Tuberculosis	6	8	1	229	218
Shigellosis	3	4	0	60	116

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 5

	1970	1969
Deaths recorded for the week	171	221
Births recorded for the week	317	373

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director October 5, 1970

ARTHRITIS

Almost thirteen million persons in the United States suffer from arthritis, the most common forms being rheumotoid arthritis and osteoarthritis. About one in four of the victims are restricted in their daily activities due to this disease. The prevalence rate at ages 45 to 65 is ten times that at ages under 45, and the rate at 65 and over is double that at midlife. Women are especially susceptible, the rate among them being nearly 80 percent higher than among men. Not often listed as a principal cause of death, arthritis frequently appears on death certificates as a contributory condition.

Older persons are needlessly stoical in the face of the discomforts of arthritis. Because the onset is frequently gradual, many, especially those with lower incomes, neglect to seek medical aid for this condition which they consider an inevitable consequence of growing older. As a result, neglect causes the disease to grow progressively worse. With early treatment, the possibility of complete recovery is strong and the likelihood of improvement and relief is almost certain.

Management of arthritis involves skilled medical supervision for a long time, not secret formulas, mystical devices, or other forms of quackery. The first thing required is to consult a physician before irreparable damage occurs. He will prescribe medications for the relief of pain and suggest a plan of living for the patient to follow. Perseverance in following the regimen is of the utmost importance. The physician has available to him all that medical science has to offer. When a cure is found, he will have it - and first.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 39th WEEK ENDING OCTOBER 2, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Chickenpox	0	5	0	83	126
German Measles	1	3	1	58	131
Gonorrhea	416	379	140	11492	10562
Hepatitis, Viral	16	27	5	712	745
Influenza	0	1	0	0	25
Measles	0	3	0	18	23
Meningococcal Inf.	0	0	0	6	7

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Meningitis, Other	0	1	0	20	17
Mumps	0	7	0	57	101
Pertussis	0	0	0	2	3
Salmonellosis	1	8	0	88	98
Shigellosis	1	2	0	61	117
Syphilis	14	26	6	862	660
Tuberculosis	10	14	2	237	221

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 3

	1970	1969
Deaths recorded for the week	195	173
Births recorded for the week	263	303

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director October 13, 1970

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RUBELLA IMMUNIZATION

Recent State legislation, which would have made rubella (German measles) immunization necessary for most incoming registrants in California schools, was vetoed by Governor Reagan. Undoubtedly he was influenced by the confusion and controversy surrounding the procedure of immunizing children of both sexes to protect susceptible women in the child-bearing years. A susceptible woman is defined as one with no protecting antibodies subsequent to the naturally acquired disease, or previous rubella immunization.

While rubella is a common and relatively mild disease of children, it can be dangerous to the unborn baby of a susceptible mother, who catches the disease early in pregnancy and passes it on to the growing fetus. The baby can die or be born with none, mild or all too often severe malformations.

However, children are the reservoir of infection and frequently the source of disease for the susceptible pregnant woman, often their own mother. Therefore, by immunizing children, we theoretically reduce the risk to the woman. The vaccine is generally available and can be given to boys and girls between ages 1 through 12. A history of rubella illness is not reliable enough to exclude children from immunization.

Many physicians are giving the vaccine to their young patients. Children can be immunized at the Health Department's immunization clinics. The real population at risk is the susceptible woman of child-bearing age. If she is not pregnant and is following a satisfactory birth control regime, she may seek immunization on her own.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 40th WEEK ENDING OCTOBER 9, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Chickenpox	1	2	1	84	126
German Measles	6	4	0	64	132
Gonorrhea	225	327	136	11,717	10881
Hepatitis, Viral	26	25	5	738	758
Influenza	0	0	0	0	25
Measles	0	7	0	18	23
Meningococcal Inf.	0	1	0	6	7

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Meningitis, Other	6	1	0	26	17
Mumps	0	8	2	57	103
Pertussis	1	1	0	3	4
Salmonellosis	7	12	1	95	100
Shigellosis	0	1	0	61	118
Syphilis	21	35	10	883	670
Tuberculosis	3	11	1	240	222

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia	4

	1970	1969
Deaths recorded for the week	186	137
Births recorded for the week	290	299

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CITY AND COUNTY OF SAN FRANCISCO

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Francis J. Curry, M.D., Director — October 19, 1970

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Lead Poisoning From Pottery And Clay Wares

Recent articles appearing in the press have raised some public concern about the risk of lead poisoning from pottery and clay wares.

The source of the lead is the glaze applied by firing to the pottery, to set the paints, prevent discoloration or fading, and to seal pores to render them water tight. Two types of pottery apt to be a source of lead poisoning are pottery with chipped or cracked glaze, and pottery which is underfired.

If pottery is properly fired, the lead salt is changed into a harmless form. If improperly fired, the lead salts remain unchanged and can be dissolved by foods such as fruits, applesauce, jello, salad dressings, vinegar, tomato juice, orange juice, wine and other slightly acidic foods. Lead poisoning may result.

Lead is a cumulative poison which is stored in the solid portion of the bones. Symptoms of lead poisoning may include a vague nonspecific feeling of lethargy and weakness, irritability, abdominal pains, constipation and a peculiar, pale, pasty appearance of the skin. Prolonged accumulation can lead to anemia and brain cell damage. Acute poisoning is seen only after sudden ingestion of large doses of lead, and is rare.

The Food and Drug Administration has no routine program to guarantee the safety of either foreign or U.S. manufactured pottery, or pottery brought into the country by private individuals for their own use. Contradictory to the report in popular magazines, such pottery can NOT be rendered safe by baking in the oven, nor by repeated washing with acid, nor by refiring. There are no simple tests to determine lead content which can be recommended for use and interpretation by the consumer. Therefore, if pottery is owned and safety is questioned, it should be used only for decorative purposes.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 41st WEEK ENDING OCTOBER 16, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969	CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Chickenpox	0	1	0	84	126	Meningitis, Other	0	2	0	26	19
German Measles	0	2	0	64	132	Mumps	0	10	0	57	103
Gonorrhea	310	305	142	12,027	11,154	Pertussis	0	1	0	3	4
Hepatitis, Viral	9	32	7	747	774	Salmonellosis	3	2	0	98	100
Influenza	0	0	0	0	25	Shigellosis	2	3	0	63	121
Measles	0	1	0	18	23	Syphilis	21	23	14	904	693
Meningococcal Inf.	0	0	0	6	7	Tuberculosis	8	11	6	248	228

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES			1970	1969
Pneumonia	7	Deaths recorded for the week	170	179
Tuberculosis	2	Births recorded for the week	351	291

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M. D., Director — October 26, 1970

HALLOWEEN HAZARDS

Halloween is more carefully supervised and a less destructive holiday than it was a few decades ago. But it is still not completely free of hazards. Most of the dangers to children can be forestalled with a little thought on the part of adults.

Safe practices need not take the fun out of Halloween. Youngsters get great pleasure out of dressing up in horrifying costumes and prowling the neighborhood in an innocent quest of "trick-or-treat." There is no need to discourage these excursions. But the parents who launch the children forth, the motorists who encounter them on the streets and the homeowners at whose houses they call should be aware that these excited children are rarely cautious. Adults therefore should exercise an extra measure of precaution by following these suggestions:

1. Don't allow the child to carry a knife or other sharp instrument nor should they use lighted torches or candles. If a light is necessary, make sure it is battery powered.
2. Masks should not obstruct a child's vision or breathing, and his costume should be sufficiently short so that the child will not trip on it.
3. Avoid dark costumes if possible. If they must be used, mark them with reflecting tape or liquid "paint" that shines in the dark or reflects light, so that motorists can see them.
4. Motorists should be extra cautious of the bands of youngsters who will be out and who may cross in the middle of the street or dart from between parked cars.
5. Homeowners can make things safe for the children by lighting their property so they will not trip on stairs or other obstacles.

Observance of these common-sense suggestions will help ensure that our youngsters enjoy a fun-filled yet safe Halloween.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 42nd WEEK ENDING OCTOBER 23, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Chickenpox	3	6	0	87	126
German Measles	0	2	0	64	133
Gonorrhea	277	341	108	12304	11495
Hepatitis, Viral	26	32	9	773	788
Influenza	0	0	0	0	25
Measles	2	3	0	20	23
Meningococcal Inf.	0	1	0	6	7

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Meningitis, Other	2	2	0	28	20
Mumps	1	13	1	53	104
Pertussis	0	1	0	3	5
Salmonellosis	1	4	0	99	100
Shigellosis	0	3	1	63	122
Syphilis	13	32	15	917	723
Tuberculosis	3	13	4	251	237

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:			1970	1969
Pneumonia	4	Deaths recorded for the week	184	175
Tuberculosis	1	Births recorded for the week	333	323

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

November 2, 1970

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DEATH REGISTRY

Registration of deaths in San Francisco is a function of the Health Department under direction of the Office of the State Registrar in Sacramento. Death certificates must be filed with the Local Registrar who in San Francisco is the Director of Public Health.

The Death Registry is located in the Central Office at 101 Grove Street where certified copies of death certificates for deaths occurring in San Francisco may be obtained. Since the Local Registrar acts as the agent of the State, original certificates are transmitted to Sacramento.

The physician's chief responsibility in death registration is to complete the medical part of the certificate and deliver it to the funeral director within 15 hours after death. Deaths due to external causes, or occurring without medical attendance, are referred to the Coroner who completes the medical part of the certificate. The funeral director is responsible for obtaining all other required information and filing the certificate with the Local Registrar.

A death certificate is a legally recorded statement and may be used for claiming life insurance, pensions, or settling estates. It provides facts about the deceased such as the cause and circumstances of death, interment, evidence as to age, sex, race and genealogical information. It provides data for public health uses, such as the incidence of specific causes of death, planning the control of communicable diseases, investigating the occurrence of fatal accidents, establishing the need for health programs, and helping to measure their effectiveness.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 43rd WEEK ENDING OCTOBER 30, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Chickenpox	2	9	1	89	132
German Measles	0	3	0	64	133
Gonorrhea	328	289	147	12632	11784
Hepatitis, Viral	20	29	8	793	806
Influenza	0	0	0	0	25
Measles	0	5	0	20	23
Meningococcal Inf.	0	1	0	6	7
Meningitis, Other	4	1	0	32	21
Mumps	0	16	3	58	107
Pertussis	0	0	0	3	5
Salmonellosis	1	6	0	100	100
Shigellosis	0	3	0	63	125
Syphilis	46	23	14	953	743
Tuberculosis	10	20	6	261	245

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia	6

	1970	1969
Deaths recorded for the week	194	180
Births recorded for the week	177	362

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M. D., Director November 9, 1970

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NUTRITION AND THE AGED

Though age by itself does not produce any nutritional problems that do not have their counterpart at all stages of adult life, proper nutrition can help to prolong a healthy condition and forestall the early onset of chronic illness and dependency. Two of the problems with which public health is concerned in this regard are obesity and malnutrition. Increasing numbers of persons now live to ages when obesity impairs health and life expectancy. For this reason public health officials and physicians feel, in the light of our present knowledge, that weight control is a logical approach to the promotion and maintenance of optimal health and the prevention of some of the chronic diseases in middle and later life. Weight control is the patient's responsibility. The physician and others should educate the patient to accept this responsibility, and show him how to reach his objective.

The other side of this problem of weight control, and just as difficult to manage is malnutrition. The older person, observing deteriorative changes in himself and a loss of sense of well-being, is particularly susceptible to the propaganda regarding "nutritional" treatments, "miracle diets" and special food nostrums for the preservation of vigor or the extension of life. Adherence to these food fads frequently results in diet inadequacy and malnutrition. Part of the problem of providing nutritional help for the older person is in educating him to the belief that his nutritional needs are not different in kind, but only in amount. A well-balanced diet of meat, milk, fruit, vegetables and cereals is as important for the older individual as for the child or young adult.

The private physician, the health department, and, in fact, the entire community, each has a responsibility in the solution of these problems and in conserving and promoting the health of our older people. What we do for our older people today, we shall be doing for ourselves tomorrow.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 44th WEEK ENDING NOVEMBER 6, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Chickenpox	4	6	1	93	134
German Measles	0	3	0	64	133
Gonorrhea	339	303	134	12971	12087
Hepatitis, Viral	8	18	4	801	821
Influenza	0	0	0	0	25
Measles	1	2	0	21	23
Meningococcal Inf.	0	0	0	6	7

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Meningitis, Other	4	2	0	36	21
Mumps	1	25	0	59	107
Pertussis	1	0	0	4	5
Salmonellosis	5	8	0	105	104
Shigellosis	9	5	0	72	130
Syphilis	10	27	20	973	770
Tuberculosis	7	20	3	268	248

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:	
Diarrhea	1
Pneumonia	3

	1970	1969
Deaths recorded for the week	178	141
Births recorded for the week	306	330

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — November 16, 1970

NATIONAL DIABETES WEEK, NOVEMBER 15 - 21

A week of November is set aside each year as National Diabetes Week, to focus attention on this condition which continues to be an important public health problem. In 1969 diabetes ranked ninth as a cause of death in San Francisco with 134 deaths. It is estimated that there are approximately four million diabetics in the United States. Unfortunately, about one and one-half million of these people are still unaware of their condition.

Normally, the sugars and starches in the food we eat are converted to a form of sugar called glucose. With the aid of insulin, a natural hormone produced by the pancreas, the blood stream distributes this glucose to the body cells where it is converted to energy or stored for future use. Diabetes occurs when the pancreas fails to produce enough insulin or makes insulin which is unable to perform all its work. Because of this deficiency the glucose then accumulates in the blood, until some of the surplus is eliminated by the kidneys and passed off in the urine. Thus, sugar in the urine and too much sugar in the blood are signs of diabetes.

Although the disease can develop at any age, diabetes frequently appears among those over 40 years of age who are overweight, more often in woman, and more frequently among those who have diabetic relatives. Everyone, particularly those mentioned, should have a periodic check for diabetes. Ask your doctor about this disease, because he can provide a definitive examination and diagnosis. For a rough check, a screening devise has been developed which the individual can use at home. This diabetes self-testing kit is provided by the San Francisco Diabetes Association to most local pharmacies and to the five district health centers of the Health Department. To find out if you have diabetes, ask for a free self-testing kit at your neighborhood pharmacy or at your district health center and follow the simple instructions in the kit and mail it to the Diabetes Association. You will be notified of the results, and your doctor will be notified if there are suspicious findings.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 45th WEEK ENDING NOVEMBER 13, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Chickenpox	2	4	1	95	138
German Measles	0	1	0	64	134
Gonorrhea	271	332	127	13242	12419
Hepatitis, Viral	19	33	3	820	839
Influenza	1	0	0	1	25
Measles	5	3	0	26	23
Meningococcal Inf.	0	0	0	6	7
Meningitis, Other	3	2	0	39	22
Mumps	1	7	2	60	111
Pertussis	0	3	0	4	8
Salmonellosis	7	6	2	112	109
Shigellosis	2	3	0	74	133
Syphilis	17	23	12	990	791
Tuberculosis	9	19	9	277	267

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 7

	1970	1969
Deaths recorded for the week	175	187
Births recorded for the week	258	264

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — November 23, 1970

THE HAZARDS OF SKIING

Skiing is an excellent participant sport which is increasing in popularity each year. Every weekend at this time of the year, there is an exodus of many San Franciscans to the numerous ski resorts of northern California. However, this widespread increase in skiing has brought a consequent increase in injuries, which is of concern to the medical profession as well as to skiers and the ski industry. Sprains are the most frequent type of injury followed by fractures. Together they make up roughly three-fourths of skiing injuries. The ankle and knee are the most frequent sites.

Most accidents involve beginners who lose control. Poor physical conditioning, faulty technique, lack of experience and excessive speed produce loss of control. Fatigue is also a factor and many accidents occur late in the afternoon, after long periods of activity. Many ski injuries are preventable and unnecessary. The better ski resorts mark their trails well, close slopes when conditions become dangerous and maintain a constant safety campaign to prevent injuries. Ski instructors and the ski patrol teach participants the elements of ski safety and caution them on the dangers of skiing when fatigued.

The individual skier can do much to prevent injury to himself by (1) being physically fit, (2) using good equipment and (3) learning to ski under control. In a sport which can be as strenuous as skiing, and which is carried out in the rarified altitude where there is snow, physical fitness can be of prime importance. Exercise to strengthen the legs, particularly knees and ankles, before attempting to ski is recommended. Good equipment includes release bindings, goggles and safety straps on skis. With the guidance of a good instructor, the novice must learn to ski under control and to avoid fatigue. Finally, skiers are urged to learn about the resort's danger areas and safety precautions and act accordingly.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 46th WEEK ENDING NOVEMBER 20, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Chickenpox	4	24	1	99	139
German Measles	0	1	0	64	134
Gonorrhea	317	310	129	13559	12729
Hepatitis, Viral	15	21	5	835	849
Influenza	0	1	0	1	25
Measles	9	3	0	35	23
Meningococcal Inf.	0	0	0	6	7

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Meningitis, Other	1	2	0	40	24
Mumps	0	16	0	60	111
Pertussis	1	3	0	5	8
Salmonellosis	8	6	3	120	113
Shigellosis	3	2	0	77	134
Syphilis	33	22	9	1023	800
Tuberculosis	5	15	3	282	282

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 9

	1970	1969
Deaths reported for the week	208	151
Births reported for the week	369	203

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — November 30, 1970

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ADDITIONAL SERVICES FOR CRIPPLED CHILDREN

The Crippled Children Services (CCS) of the Department of Public Health expanded its list of conditions eligible for treatment on July 1, 1970. The following were added:

1. Endocrine and metabolic disorders, such as uncontrolled diabetes mellitus requiring frequent hospitalization, and diseases of the pituitary and adrenal glands.
2. Convulsive disorders. For example, uncontrolled epilepsy which may require frequent visits to the physician and hospitalizations.
3. Blood Dyscrasias. This includes Sickle cell anemia, aplastic anemia, hypoplastic anemia, and leukemia. Iron deficiency and other anemias are not eligible.
4. All neoplasms.
5. Severe skin disorders. Medical eligibility will be individually determined by discussion with the CCS consultant.

These added conditions broaden the scope of services for which CCS may provide expert care for children with severe physical disabilities when the cost would be catastrophic for the family. Limits of services for the above conditions are as follows: 1) Diagnosis of the condition must be established prior to referral to CCS. Only very complex forms of these conditions will be eligible for treatment, when these are very costly to the family. Neoplasms are the only conditions which may be taken for diagnosis. 2) CCS cannot accept the referral when the primary treatment is palliative or custodial.

Referrals may be made in writing to Crippled Children Services at 101 Grove Street, or by phone to 558-3406. CCS provides medical care and rehabilitation services for physically handicapped children from birth to age 21 for specified chronic conditions which require long-term care. These include birth defects, orthopedic and orthodontic defects, defects needing plastic reconstruction, defects of the eye, ear, heart and genito-urinary system and others plus the additional five conditions listed.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 47th WEEK ENDING NOVEMBER 27, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Chickenpox	0	3	2	99	141
German Measles	3	5	0	67	138
Gonorrhea	322	262	129	13881	12949
Hepatitis, Viral	12	31	1	847	867
Influenza	0	0	0	1	25
Measles	5	6	0	40	23
Meningococcal Inf.	0	0	0	6	7
Meningitis, Other	0	2	0	40	25
Mumps	0	11	4	60	115
Pertussis	0	1	0	5	8
Salmonellosis	4	6	2	124	118
Shigellosis	3	1	0	80	135
Syphilis	27	39	10	1050	839
Tuberculosis	3	12	6	285	289

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia	7

	1970	1969
Deaths reported for the week	154	219
Births reported for the week	258	306

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CITY AND COUNTY OF SAN FRANCISCO
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Francis J. Curry, M.D., Director — December 7, 1970

MILK INSPECTION SERVICES

One of the oldest and most important health services to protect the consumer is the milk control program of the San Francisco Health Department's Bureau of Dairy and Milk Inspection. The interest in milk sanitation stems from two important public health considerations. First, milk is unsurpassed as a single source of the nutritional elements needed for the maintainance of proper health, especially for children and older citizens. Second, milk has a potential to serve as a carrier of disease and has been associated with disease outbreaks.

The incidence of milkborne illness has been sharply reduced in recent years. Our most recent information reveals that proper pastuerization and cooling has aided in giving to the consumers of San Francisco a safe high quality milk supply. Many groups have contributed to this commendable achievement, including public health and agricultural agencies, the dairy and related industries and other interested groups, including the consuming public.

Despite the progress that has been made, occaisional milkborne illnesses still occur, emphasizing the need for continued vigilance at every stage of production of milk and milk products. During the past few years, problems associated with the sanitary control of milk and milk products have become extremely complex because of new products and processes and new marketing patterns, which have public health significance. In reference to marketing patterns, it is the aim of the dairy industry to assure the shopper that milk purchased at the supermarket will keep at home for three or four days or even longer if properly refrigerated at 45°F or lower at all times. If milk is allowed to warm up even for short periods of time, the keeping quality period is reduced sharply in most cases.

To assure that the product standards are being met, the Health Department's Chemistry and Microbiology laboratories perform over 28,000 tests annually on market milk specimens submitted by the dairy and milk inspectors. This testing, however, is only a supplement to the visual inspection by Health Department personnel, who must visit the farms, pastuerizing plants and distribution centers at least twice monthly to assure the safety and quality of our milk.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 48th WEEK ENDING DECEMBER 4, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969	CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Chickenpox	0	13	0	99	141	Meningitis, Other	1	3	0	41	28
German Measles	21	5	0	88	138	Mumps	1	15	0	61	115
Gonorrhea	282	338	155	14163	13287	Pertussis	0	1	0	5	8
Hepatitis, Viral	14	15	5	861	874	Salmonellosis	4	5	1	128	123
Influenza	0	0	0	1	25	Shigellosis	0	4	0	80	139
Measles	5	7	0	45	23	Syphilis	27	23	11	1077	862
Meningococcal Inf.	0	0	0	6	7	Tuberculosis	3	12	4	288	294

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 6

	1970	1969
Deaths reported for the week	201	178
Births reported for the week	257	253

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — December 14, 1970

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DANGERS FROM HOLIDAY TRAFFIC

During 1969, 166 persons were killed in traffic accidents in San Francisco. Sixty-seven of these 166 persons, or about 40%, were pedestrians. Advancing age is a factor as 42% of these fatalities occurred to pedestrians who were 65 years of age or older.

December is considered the most hazardous month for traffic accidents. Christmas shopping and the closing of schools for vacation add to the traffic on streets. Inclement weather, reduced visibility, more hours of darkness and an increase in parties and social drinking all contribute to traffic hazards during this season. Added to the usual dangers this year, are two long holiday weekends, Christmas and New Years. This combination of factors emphasizes the need for increased vigilance. Everyone must protect himself; but, especially be careful of those, both young and old, who may be less able to care for their own safety. The following rules should be kept in mind during the coming weeks:

When you drive: darkness and bad weather are signals to slow down, to increase vigilance and to observe all traffic laws. Don't get behind the steering wheel of a car if you've been drinking.

When you walk: remember that motorists may not see you in dark and bad weather. Wear or carry something white, or light colored, and stay alert. Cross streets in pedestrian lanes, and cross on green or walk signals only. Never walk into the street from between parked cars.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 49th WEEK ENDING DECEMBER 11, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Chickenpox	1	18	3	100	144
German Measles	2	5	0	90	138
Gonorrhea	261	289	106	14424	13556
Hepatitis, Viral	13	27	5	874	887
Influenza	0	1	0	1	25
Measles	7	8	0	52	27
Meningococcal Inf.	0	0	0	6	7
Meningitis, Other	0	4	0	41	30
Mumps	0	45	3	61	118
Pertussis	0	0	0	5	8
Salmonellosis	5	5	0	133	128
Shigellosis	5	6	0	85	139
Syphilis	8	22	12	1085	884
Tuberculosis	11	18	4	299	298

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 5

	1970	1970
Deaths reported for the week	211	203
Births reported for the week	261	276

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

December 21, 1970

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A MERRY CHRISTMAS and a HEALTHY and HAPPY NEW YEAR!

From the employees of the San Francisco Department of Public Health

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 50th WEEK ENDING DECEMBER 18, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Chickenpox	6	20	1	106	145
German Measles	5	7	1	95	139
Gonorrhea	323	254	143	14,747	13,781
Hepatitis, Viral	12	20	5	886	907
Influenza	0	4	0	1	25
Measles	19	1	0	71	27
Meningococcal Inf.	1	1	0	7	7

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Meningitis, Other	0	3	0	41	30
Mumps	1	18	0	62	118
Pertussis	0	3	0	5	8
Salmonellosis	4	11	0	137	139
Shigellosis	0	4	0	85	142
Syphilis	17	19	6	1,102	890
Tuberculosis	9	17	3	308	301

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

			1970	1969
Pneumonia	6	Deaths reported for the week	213	179
Tuberculosis	2	Births reported for the week	353	316

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — December 28, 1970

SCHOOL TUBERCULIN TESTING PROGRAM

Tuberculin skin testing is done annually in the first, seventh, tenth and twelfth grades of all schools and on all students new to San Francisco. In 1969-70 there were 27,109 students tested, of which 1,129 or 4.2 percent were positive reactors. All positive reactors and their immediate family contacts must be examined to determine the presence or absence of tuberculosis in the reactor and his immediate family group. As a result of these investigations, 1 new case was found in the school children, and 1 new case in family contacts. Two-thirds of all reactors found in the routine skin testing program during the past five years have been at the first grade level or new to San Francisco schools: the children of migrants and immigrants who recently moved to San Francisco. As a result of the intensified tuberculosis control program in San Francisco there has been a gradual decrease in the prevalence of infection in children of all ages.

PERCENT OF POSITIVE REACTORS BY GRADE AND YEAR OF TESTING

SCHOOL YEAR	GRADE 12	GRADE 7	GRADE 1
1957-58	19.9	13.3	3.9
1958-59	17.1	10.8	3.5
1959-60	14.4	7.5	2.9
1960-61	13.5	8.8	2.7
1961-62	12.7	9.8	2.7
1962-63	10.2	6.6	1.2
1963-64	11.7	7.5	1.1
1964-65	12.1	5.0	2.1
1965-66	9.5	4.3	1.2
1966-67	9.4	3.4	1.1
1967-68	6.9	4.0	1.0
1968-69	6.0	3.3	1.2
1969-70	6.5	2.7	1.9

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 51st WEEK ENDING DECEMBER 24, 1970

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Chickenpox	2	10	0	108	146
German Measles	0	7	0	95	139
Gonorrhea	280	526	138	15027	14307
Hepatitis, Viral	11	22	1	897	920
Influenza	0	10	0	1	25
Measles	1	6	0	72	27
Meningococcal Inf.	0	2	0	6	7

CASES REPORTED:	For the Week	Range 1965 - 1969 High	Range 1965 - 1969 Low	Year to date 1970	Year to date 1969
Meningitis, Other	1	3	0	42	33
Mumps	2	29	1	64	119
Pertussis	0	0	0	5	8
Salmonellosis	4	4	0	141	139
Shigellosis	0	3	1	85	143
Syphilis	44	27	14	1146	906
Tuberculosis	5	9	3	313	306

DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:

Pneumonia 2

	1970	1969
Deaths reported for the week	124	173
Births reported for the week	155	379

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